



Allergies:

- Environmental \_\_\_\_\_
- Food \_\_\_\_\_
- Medication \_\_\_\_\_ Is

the child currently medically stable? \_\_\_ Yes \_\_\_ No

If no, please explain \_\_\_\_\_ Is

the child's vision within normal limits? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

If no, please explain \_\_\_\_\_ Is

the child's hearing within normal limits? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

If no, please explain \_\_\_\_\_ Is

the child's weight within normal limits? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

If no, please explain \_\_\_\_\_

Does the child refuse food? \_\_\_ Yes \_\_\_ No

**EDUCATIONAL, BEHAVIORAL TRAINING AND TREATMENT HISTORY:**

Please list previous schools, outpatient therapy programs, home programming and other treatment modalities from the earliest to the most recent. (Please attach additional sheet if needed)

Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Does the child have full range of motion in his/her arms and legs and is able to make all gross motor movements that are typical of children the same age? \_\_\_ Yes \_\_\_ No

If no, please describe \_\_\_\_\_

Does the child have full use of his/her hands and fingers and is able to make all fine motor movements that are typical of children the same age? \_\_\_ Yes \_\_\_ No

If no, please describe \_\_\_\_\_

**CURRENT FUNCTIONAL SKILLS (NON-VERBAL):**

Please check the following conditions under which the child demonstrates caution:

- \_\_\_ electric outlets                      \_\_\_ heights                      \_\_\_ traffic                      \_\_\_ sharp objects  
\_\_\_ toxins/pills (won't ingest)                      \_\_\_ strangers                      \_\_\_ water

Please check the following activities that the child is able to complete independently. Write [A] in front of tasks that she/he can do with some assistance and [P] if verbal prompts are needed:

- \_\_\_ pick up small items with fingers                      \_\_\_ manipulate objects with both hands                      \_\_\_ throw a ball  
\_\_\_ use stairs    \_\_\_ run                      \_\_\_ jump                      \_\_\_ swim                      \_\_\_ use slide                      \_\_\_ use swing                      \_\_\_ use monkey bars  
\_\_\_ put on clothing, (list items): \_\_\_\_\_  
\_\_\_ take off clothing, (list items) \_\_\_\_\_  
                    \_\_\_ use buttons                      \_\_\_ use zippers                      \_\_\_ tie laces  
\_\_\_ identify when needs to use bathroom                      \_\_\_ go to the location of bathroom                      \_\_\_ use toilet correctly  
\_\_\_ wash hands                      \_\_\_ brush teeth                      \_\_\_ comb or brush hair                      \_\_\_ bathe or shower  
\_\_\_ eats with utensils                      \_\_\_ drinks from a regular cup                      \_\_\_ uses napkin at meals  
\_\_\_ participates in room or house cleaning, (list tasks): \_\_\_\_\_  
\_\_\_ operates television                      \_\_\_ remote control                      \_\_\_ other small appliances  
\_\_\_ List additional items: \_\_\_\_\_

Does the child currently use diapers or disposable briefs \_\_\_ Yes \_\_\_ No

If Yes, \_\_\_ at all times    \_\_\_ at night only    \_\_\_ other, specify \_\_\_\_\_

Please indicate below any problem behaviors that the child demonstrates. Please be as thorough as possible and include behavior problems that you consider minor as well as those that are of concern to you. The center's staff will conduct a more detailed assessment of these during an initial evaluation.

- Aggression toward others?    \_\_\_ Yes    \_\_\_ No  
If yes, has any injury occurred?    \_\_\_ Yes    \_\_\_ No    If yes, describe \_\_\_\_\_
- Aggression toward self?    \_\_\_ Yes    \_\_\_ No  
If yes, has any injury occurred?    \_\_\_ Yes    \_\_\_ No    If yes, describe \_\_\_\_\_
- Highly disruptive behavior?    \_\_\_ Yes    \_\_\_ No    If yes, describe \_\_\_\_\_
- Swallowing inedible objects?    \_\_\_ Yes    \_\_\_ No

All other behavioral problem, including minor ones:

\_\_\_\_\_  
\_\_\_\_\_

What support services are you interested in? (School Based Program, Home Based programs, behavioral consultation, information on autism, etc.)

\_\_\_\_\_

How did you learn about Our Early Intervention Center.?

\_\_\_\_\_

I affirm that all information included in this application is true and correct. I understand that all requests for admission are subject to approval by the Admissions Committee of Alia for Early Intervention. If the application is approved for initial evaluation, one will be scheduled for your child. Information collected from this application as well as from the initial evaluation, should one be scheduled, will be used for admission consideration.

\_\_\_\_\_  
Name of Parent or Guardian of potential student (Please print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Parent or Guardian of potential student

\_\_\_\_\_  
(Date)

**For Official Use**

Status:     Accepted     Withdrawn     Other \_\_\_\_\_  
               Waiting List     In-Process

Financial Standing:     Sponsored     None Sponsored

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_