



2013 CAMP MILESTONES STUDENT APPLICATION

Child's Name: _____ Age: _____

Date of Birth: _____

Parent(s) Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Address: _____

Email: _____

Alternate Emergency Contact Name: _____ Phone: _____

Food Allergies/Restrictions: _____

Current Placement (If Applicable): _____

Educational/Classroom Type: _____

Additional Therapies: _____

Do you have any in-home strategies?
(e.g. PECS, Floortime, ABA, TEACCH, other)

If you have a home program please provide a description of your current target skills/programs:

Interests: 1. _____

2. _____

Preferred Activities: 1. _____

2. _____

Food Preferences:

- 1. _____
- 2. _____

Food Dislikes:

- 1. _____
- 2. _____

RECEPTIVE COMMUNICATION: (Check all that apply.)

- ___ Points when asked
- ___ Points to specific objects in small groups of objects
- ___ Points to pictures upon request

EXPRESSIVE COMMUNICATION: (Check all that apply.)

- | | |
|--|--|
| ___ Verbal, echolalic (no meaningful language) | ___ Uses gestures/signs to communicate |
| ___ Verbal, single words | ___ Uses word cards to communicate |
| ___ Verbal, short phrases | ___ Uses pictures to communicate |
| ___ Verbal, speaks in sentences | ___ Uses objects to communicate |
| | ___ Uses augmentative device |

SELF-HELP: (Check all that apply.)

Eating/Drinking

- | | |
|---------------------------------|-----------------------------|
| ___ Stays at table during meals | ___ Able to pour liquids |
| ___ Eats independently | ___ Drinks without spilling |
| ___ Eats without spilling | ___ Can take dishes to sink |

Toilet Training

- | | |
|---|---------------------------|
| ___ Dry during daytime | ___ Able to unbutton |
| ___ Asks/requests to go to bathroom | ___ Uses toilet paper |
| ___ Able to open zippers | ___ Able to close zippers |
| ___ Able to button | |
| ___ Is on a toileting schedule (How often does child go? _____) | |

SOCIAL BEHAVIOR: (Check all that apply.)

- ___ Responds to name
- ___ Tolerates other children's proximity
- ___ Tolerates adults' proximity
- ___ Tolerates physical help/hand over hand if needed
- ___ Able to take turn in small group activities

Typical behaviors when around others:

Typical behaviors when alone or not engaged in an activity:

WORKING BEHAVIOR: (Check all that apply.)

___ Is able to work independently How long? _____

___ Is able to stay seated How long? _____

___ Is able to work without being distracted by:

() Sounds

() Sights

() Touch

___ Is able to transition from one activity to another

___ Is able to transition from one area to another

CHALLENGING BEHAVIORS: (Check all that apply.)

___ Self-injurious behaviors (List: _____)

___ Biting

___ Hitting

___ Kicking

___ Meltdowns

___ Running Away

___ Other potentially dangerous behaviors (List: _____)

PRE-ACADEMIC SKILLS: (Check all that apply.)

Sorting

___ Sorts objects

___ Sorts by concept (e.g., big vs. little)

___ Sorts pictures

___ Sorts colors

___ Sorts numbers

___ Sorts letters

___ Sorts words

Matching

- | | |
|--|---|
| <input type="checkbox"/> Matches objects | <input type="checkbox"/> Matches numbers |
| <input type="checkbox"/> Matches by concept (e.g., big vs. little) | <input type="checkbox"/> Matches letters |
| <input type="checkbox"/> Matches pictures | <input type="checkbox"/> Matches words |
| <input type="checkbox"/> Matches colors | <input type="checkbox"/> Matches by category (e.g. clothes, food) |

ACADEMIC SKILLS: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Recognizes/matches colors | <input type="checkbox"/> Completes puzzles (# of pieces ___) |
| <input type="checkbox"/> Recognizes/matches numbers | <input type="checkbox"/> Identifies letter sounds |
| <input type="checkbox"/> Recognizes words | <input type="checkbox"/> Reads fluently |
| <input type="checkbox"/> Reads some information with comprehension | |
| <input type="checkbox"/> Writes words, phrases, or sentences (circle one) | |
| <input type="checkbox"/> Recognizes/uses pictures (Photos, line drawings, magazines) | |
| <input type="checkbox"/> Can count from 1-10 | <input type="checkbox"/> Adds numerals |
| <input type="checkbox"/> Uses computer | <input type="checkbox"/> Subtracts numerals |
| <input type="checkbox"/> Counts objects | <input type="checkbox"/> Multiplies numerals |
| <input type="checkbox"/> Draws | <input type="checkbox"/> Divides numerals |

SOCIAL SKILLS/BEHAVIOR MANAGEMENT

Situation or task demands or things that cause him/her to become upset or agitated:

1. _____
2. _____
3. _____

Best techniques to prevent your child from getting upset: (e.g. warning, visual schedule)

1. _____
2. _____
3. _____

What does student do when he/she is upset?

1. _____
2. _____

Best techniques for calming the student down when he/she becomes upset:

1. _____
2. _____

VISUAL SCHEDULES: (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Transition objects | <input type="checkbox"/> Pictures-icons or black & white image |
| <input type="checkbox"/> Object sequence How many? _____ | <input type="checkbox"/> only |
| <input type="checkbox"/> Single photograph for each transition | <input type="checkbox"/> Pictures black and white image with |
| <input type="checkbox"/> Photographs <u>without</u> words (in sequence) | <input type="checkbox"/> words |
| <input type="checkbox"/> Photographs <u>with</u> words (in sequence) | <input type="checkbox"/> Written words on cards |
| <input type="checkbox"/> Written schedule (day planner or clipboard) | |

BEHAVIORAL SUPPORT: (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Behavior Plan | <input type="checkbox"/> Reinforcement Schedule |
| <input type="checkbox"/> Behavior Chart | <input type="checkbox"/> Responsive Cost System |

Medical Issue(s):

Medications:

Reason for taking:

Is there any other information that would be helpful for new people working with the student? (e.g. sensory needs, targeted behaviors being addressed)

Please send completed applications to Leslie Rotsky by **June 1, 2013:**

Email: lrotsky@milestones.org Fax: 216.464.7602 (Attn: L. Rotsky)

Mail: **Milestones Autism Organization**

ATTN: Leslie Rotsky

23880 Commerce Park, Suite 2

Beachwood, OH 44122

Questions: Call Leslie at 216.464.7600 ext. 103.