



CONNECTIONS EDUCATION CENTER APPLICATION



TODAY'S DATE _____ HOW DID YOU LEARN OF CECPB _____

STUDENT'S LEGAL NAME _____ PREFERRED NAME _____

ADDRESS _____ TOWN/CITY _____ ZIP _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ CURRENT AGE _____

GENDER _____ CHILD LIVES WITH _____

FATHER'S NAME _____ ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

OCCUPATION _____ EMPLOYER _____

MOTHER'S NAME _____ ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

OCCUPATION _____ EMPLOYER _____

REASON ENROLLMENT DESIRED AT CECPB _____

STUDENT'S DIAGNOSIS _____ DIAGNOSING DOCTOR _____

(Documentation must accompany application)

DOES STUDENT HAVE ANY KNOWN ALLERGIES? _____ YES _____ NO. IF YES, PLEASE

LIST: _____

DOES STUDENT HAVE SEIZURES? _____ YES _____ NO.

DOES STUDENT REQUIRE MEDICATIONS? _____ YES _____ NO. IF YES, PLEASE LIST

MEDICATIONS _____

PLEASE LIST ANY OTHER MEDICAL INFORMATION _____

CURRENT EDUCATIONAL PLACEMENT _____

DOES CHILD RECEIVE SERVICES OUTSIDE OF SCHOOL?(OT, PT, ST, BEHAVIOR)
SERVICE _____ HOURS PER WEEK _____ HAVE
YOU, AS PARENTS RECEIVED TRAINING IN APPLIED BEHAVIOR
ANALYSIS? _____

LEARNING READINESS

EYE CONTACT

- _____ Makes spontaneous eye contact
- _____ When asked
- _____ Does not make eye contact

APPROPRIATE SITTING

- _____ Sits when asked to do so. For how long? _____
- _____ Sits with minimal prompting
- _____ Does not sit appropriately

FOLLOWING DIRECTIONS

- _____ Follows complex directions (2 or more steps)
- _____ Follows simple directions (“clap hands”, “sit down”)
- _____ Can follow simple directions with minimal prompting
- _____ Does not follow any directions

LANGUAGE SKILLS

- _____ Reciprocates information using sentences
- _____ Speaks in full sentences: approximate number of words in a sentence _____
- _____ Speaks in phrases: approximate number of words in a phrase _____
- _____ Uses single words
- _____ Uses manual signs
- _____ Does not use words or signs
- _____ Is echolalic

TOILETING

- _____ Is completely trained, toilets self
- _____ Is night trained
- _____ Is bowel trained only
- _____ Is urine trained only
- _____ Does not wear diapers but is taken to the toilet
- _____ Wears diapers but is toileted
- _____ Wears diapers all the time and never uses toilet

DRESSING

- _____ Can dress independently
- _____ Assists in dressing
- _____ Needs to be dressed
- _____ Resists dressing

EATING

- _____ Uses all/some utensils appropriately
- _____ Uses fingers to feed self
- _____ Must be fed
- _____ Can drink from a straw
- _____ Has strong food aversions and preferences

PLAY SKILLS

- _____ Purposeful exploration of toys
- _____ Symbolic Play (E.g. brushes doll's hair, feeds the doll, puts spoon in pan, pours from pitcher to cup)
- _____ Parallel Play
- _____ Play schemes include others (sibling, peer, etc.)

FINE MOTOR ACTIVITIES:

- | | |
|---------------------------------------|------------------------------------|
| _____ Insert puzzles | _____ Can use crayons/pencils |
| _____ Strings Beads | _____ Plays with manipulative toys |
| _____ Put pegs in pegboard | _____ Builds with blocks |
| _____ Takes turns with peer or parent | |

GROSS MOTOR ACTIVITIES:

- | | |
|-------------|--|
| _____ walks | _____ rides a bike with training wheels |
| _____ runs | _____ rides a bike without training wheels |
| _____ skips | _____ rides scooter |
| _____ jumps | |

List other play skills in which child engages: _____

BEHAVIORS

Have you ever observed self-stimulatory behavior(s)? (e.g. rocking, hand regard, excessive jumping, spinning, repetitive behaviors) _____ Yes _____ No. Please describe _____

Have you ever observed aggressive behavior(s)? e.g. hitting, pinching, kicking, biting _____ Yes _____ No. Please describe _____

Have you ever observed self-injurious behavior(s)? (e.g. biting, scratching, head banging, head hitting) _____ Yes _____ No. Please describe _____

Please lists your child's likes and dislikes:

Likes: _____

Dislikes: _____

List below any activities/behaviors you have observed your child to engage in independently while at home:

Does the child have an IEP indicating need for services for autism? _____ Yes _____ No

_____ Current IEP from Palm Beach County

_____ Current IEP from out of county/state

_____ Has an IEP that is out of date

_____ Currently in Early Steps/Early Intervention Program

****Please include a copy of the most current IEP for your child****

Please include any other information you wish such as video tape, evaluations, etc.

Please provide email address _____