



PEER ACADEMY

Unique Students • Unique School • Amazing Possibilities

ENROLLMENT PACKAGE

Instructions: *Please fill this document out to the best of your ability.
Include copies where noted of relevant information.*

Date Received: ____/____/____

STUDENT'S LAST NAME: _____

Family Information

(1) Parent / Guardian Name: _____
First Middle Last Relation to Child

Home Address: _____
Address City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

(2) Parent / Guardian Name: _____
First Middle Last Relation to Child

Home Address: _____
Address City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Sibling Name: _____
First Middle Last Relation to Child Age

Sibling Name: _____
First Middle Last Relation to Child Age

Sibling Name: _____
First Middle Last Relation to Child Age

Sibling Name: _____
First Middle Last Relation to Child Age

Student Information

Student Name: _____ DOB: _____ Age: _____
First Middle Last

Sex: M F Social Security Number: _____

Home Address: _____
Address City State Zip

Student's Primary Diagnosis: _____ When was Diagnosis: _____

Secondary Diagnosis: _____ When was Diagnosis: _____

Other Diagnosis: _____ When was Diagnosis: _____

Other Diagnosis: _____ When was Diagnosis: _____

Medical Information

Is the student currently on any medications? YES NO

If YES, please list medications below:

Type of Medication	Dosage	Administration Time	Purpose

Have there been any recent changes in medications? YES NO

If YES, Please Explain: _____

Has the student ever been admitted to a hospital or treatment center? YES NO

If YES, Please Explain: _____

Are there any medical conditions to consider during school hours? YES NO

If YES, Please Explain: _____

Are there any other medical treatment interventions the school should be aware of? YES NO

If YES, Please Explain: _____

Student's Primary Physician: _____ From: _____

Educational and Therapy Information

Please list the services the student is currently receiving (or the last attended):

Public School (K-12) County: _____ Name of School: _____

Grade: _____ ESE Has current IEP

Services: OT PT Speech ABA Other: _____

Private School County: _____ Name of School: _____

Grade: _____ ESE Has current IEP

Services: OT PT Speech ABA Other: _____

Pre-School or Daycare Name of Program: _____

Home School Provided by School Provided by Therapist Provided by Parents

Early Intervention Program Services: _____

Other Therapies or Previous Services: _____

Describe the classroom the student is currently in. What do you like/dislike about this setting?

Describe which environments/teaching methods work best for your child. Do they need a quiet workspace? Are they a visual learner? Do they learn well in a group? Are there any environments/teaching methods you know that do not work well for your child?

If you stated that your child has a current IEP (please provide a copy), do you feel your child is meeting these goals?

What interests does your child have outside of school?

How does your child interact with other peers?

Describe your child's response to routines and transitions, both at school and at home?

Is your child independent in the bathroom? If not, what do they need assistance with?

Does your child have any fears or anxiety? If so, what have you found helpful in managing their fears or anxiety?

Describe your child's typical demeanor (i.e., attention seeking, calm, anxious, shy, mood fluctuations)

What is your child's primary method of communication (verbal, written, augmentative, sign)? Describe how your child uses language?

Can your child follow routine one-step directions?

Does your child exhibit aggression in any form? If so, is this aggression toward self (and what form; head banging, hitting self, or biting self) and/or toward others?

Is there anything else you would like us to know about your child?

What are your expectations for this program?

Student Reinforcement Inventory

Please list the items and activities that appear to be preferred by the student

Preferred foods/snacks:
Preferred drinks:
Preferred Video or Music:
Preferred Games or Toys:
Preferred Indoor Activities:
Preferred Outdoor Activities:

Student Learning Level Assessment

Please complete the following questionnaire of your child's current learning level. Please circle the numbers that best describes your child's current level for that area. You may also provide additional comments in the space provided (or on the back of this page; please write BACK in comments).

Cooperation in Instruction:

1. Always avoids work and is uncooperative with adults
2. Will look at reinforcing or common items when presented
3. Will allow reinforcing items to be removed
4. Will do 1 brief response for powerful reinforcement
5. Has multiple items and activities that act as reinforcement
6. Can engage in 5 responses for powerful reinforcement
7. Can work for 1 minute without escape behaviors
8. Can work for 5 minutes without escape behaviors
9. Can work for 10 minutes without escape behaviors
10. Task completion serves as reinforcement for work

Comments: _____

Imitation Skills:

1. No imitation of other's motor movements
2. Motor imitation using objects such as a car or other toy
3. Motor imitation of gross motor movements
4. Motor imitation of arm and hand movements
5. Motor imitation of foot and leg movements
6. Motor imitation of head movements
7. Motor imitation of mouth and tongue movements
8. Imitates the speech of a motor movement
9. Motor imitation of fine motor movements
10. Imitation of a sequence of actions

Comments: _____

Requesting for Items or Activities:

1. Only engages in inappropriate behavior to indicate needs
2. Will pull, drag or point to indicate desired items or activities
3. Can appropriately request for 2-3 items with many prompts
4. Can request for many items or activities with prompts
5. Readily and reliably requests when asked "What do you want?"
6. Spontaneously request for many items with one word
7. Requests for many items/activities with 2-3 word phrase
8. Often request for items/activities using a full sentence
9. Request for information using Who, What, Where, etc.
10. Request using activities, prepositions, pronouns, etc.

Comments: _____

Responding Conversationally:

1. Cannot fill-in words from simple songs or phrases
2. Can fill-in a few words from simple songs or phrases
3. Answers some simple questions about self; name, age, etc.
4. Can fill-in items when told it's features or functions
5. Can state the class of items like furniture, food, etc.
6. Can answer some questions like Who, What, Where, etc.
7. Answers Can, Do, Does, Will questions with Yes and No
8. Can answer some questions about future or past events
9. Can answer many academic questions
10. Maintains a conversation with adults

Comments: _____

Academic Skills:

1. Cannot identify any letters or numbers
2. Can identify some letters
3. Can identify some numbers
4. Can write some approximations of letters and/or numbers
5. Can identify all letters
6. Can identify all numbers 1-20
7. Can identify some sounds of some letters
8. Can read some simple words
9. Can spell some simple words
10. Can read fluently, spell words and add/subtract some numbers

Comments: _____

Receptive Language:

1. Shows little to no receptive understanding of others
2. Is selective in receptive compliance to others
3. Will follow instruction to do reinforcing activity
4. Will follow instruction to do simple action (Sit down, etc.)
5. Follows instruction related to daily activities
6. Will receptively identify items by pointing to them
7. Will receptively identify items from an array of items
8. Receptively identifies body parts
9. Can select items when told the feature, function or class
10. Follows a multiple component sequences of instructions

Comments: _____

Vocal Response:

1. Makes little to no vocal sounds
2. Makes just a few speech sounds
3. Will sometimes say an approximation of a couple of words
4. Can imitate some basic sounds reliably when requested
5. Can imitate consonant or vowel blends when requested
6. Imitates some approximations of words when requested
7. Can imitate any word clearly when requested
8. Can imitate 2-word combinations when requested
9. Can imitate any phrase when requested
10. Can imitate varying intonations and prosody

Comments: _____

Labeling items or properties:

1. Cannot label items using a sign or a vocal response
2. Can label some reinforcing items
3. Can label some common items
4. Can label some people
5. Can label some actions
6. Can label some colors or other adjectives
7. Can label some body parts
8. Can label some items using yes and no
9. Can label items, events and properties using a sentence
10. Can label emotions of self and others

Comments: _____

Social Interactions:

1. Makes little or no attempt to interact with others
2. Is appropriate when near siblings or peers
3. Shows interest in the behaviors of others
4. Approaches and attempts to interact with others
5. Will make good eye contact only with some people
6. Makes good eye contact sometimes with adults and peers
7. Will reliably return greetings to others
8. Will reliably initiate greetings to others
9. Will give up items or wait turn only with adults
10. Will take turns and give items when interacting with peers

Comments: _____

Independent Functioning Skills:

1. Is not toilet trained and is in diapers
2. Needs assistance in dressing and grooming
3. Needs assistance in feeding self
4. Can eat some finger foods by self
5. Can use spoon and/or fork with some assistance
6. Can independently feed self
7. Can stay dry if taken on a schedule to the toilet
8. Can spontaneously request to use the toilet
9. Can independently use the restroom
10. Can independently dress and groom self

Comments: _____

Behavioral Assessment Questionnaire

Please pick the main behavioral concerns you have for the student and complete a form for EACH behavior individually. (i.e., three behaviors of concern, fill out three forms)

Circle the student's behavior that interferes with learning or daily functioning:

Attention Seeking Behaviors	Noncompliance	Whine / Cry / Yelling
Physical Aggression	Self Injurious Behaviors	Property Destruction
Self Stimulatory Behaviors	Throwing / Dumping Objects	Elopement / Running Away

Please describe the behavior: _____

Please describe the frequency of these behaviors (How many times per week, day, or hour, etc.): _____

Are there situations where the behavior is most likely to occur? _____

Are there situations where the behavior is least likely to occur? _____

How are you currently dealing with the behaviors? _____

Please answer the following questions regarding the student's problem behavior:

1. Does the problem behavior occur when the student is not receiving attention or when caregivers are paying attention to others?	Yes	No	N/A
2. Does the problem behavior occur when the student's request for preferred items or activities are denied or taken away?	Yes	No	N/A
3. When the problem behavior occurs do caregivers usually try to calm down the student to involve student in preferred activity?	Yes	No	N/A
4. Is the student usually well behaved when getting lots of attention or when preferred activities are available?	Yes	No	N/A
5. Does the student usually fuss or resist when asked to perform a task or participate in an activity?	Yes	No	N/A
6. Does the problem behavior occur when the student is asked to perform tasks or to participate in activities?	Yes	No	N/A
7. If the problem behavior occurs while tasks are being presented, is the student usually given a break from the task or activity?	Yes	No	N/A
8. Is the student usually well behavior when not required to do any tasks or activities?	Yes	No	N/A
9. Does the problem behavior occur when no one is nearby or watching?	Yes	No	N/A
10. Does the student engage in the behaviors even when preferred leisure activities are available?	Yes	No	N/A
11. Does the problem behavior appear to be a form of the student providing self stimulation?	Yes	No	N/A
12. Is the problem <u>less</u> likely to occur when sensory stimulation activities are presented?	Yes	No	N/A
13. Is the problem behavior cyclical, occurring for several days and then stopping?	Yes	No	N/A
14. Does the student have recurring painful conditions such as ear infections or allergies? Please explain: _____	Yes	No	N/A
15. Is the problem behavior more likely to occur when the student is ill or not feeling well?	Yes	No	N/A
16. If the student is experiencing physical problems and these are treated, does the problem behavior usually go away?	Yes	No	N/A

Circle the number of each question that was answered "Yes" and enter the number of items in the "Total" column

Items Circled "Yes"

Total

1 2 3 4

5 6 7 8

Items Circled "Yes"

Total

9 10 11 12

13 14 15 16

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17. Does the problem behavior occur when the student is not receiving attention or when caregivers are paying attention to others?	Yes	No	N/A
18. Does the problem behavior occur when the student's request for preferred items or activities are denied or taken away?	Yes	No	N/A
19. When the problem behavior occurs do caregivers usually try to calm down the student to involve student in preferred activity?	Yes	No	N/A
20. Is the student usually well behaved when getting lots of attention or when preferred activities are available?	Yes	No	N/A
21. Does the student usually fuss or resist when asked to perform a task or participate in an activity?	Yes	No	N/A
22. Does the problem behavior occur when the student is asked to perform tasks or to participate in activities?	Yes	No	N/A
23. If the problem behavior occurs while tasks are being presented, is the student usually given a break from the task or activity?	Yes	No	N/A
24. Is the student usually well behavior when not required to do any tasks or activities?	Yes	No	N/A
25. Does the problem behavior occur when no one is nearby or watching?	Yes	No	N/A
26. Does the student engage in the behaviors even when preferred leisure activities are available?	Yes	No	N/A
27. Does the problem behavior appear to be a form of the student providing self stimulation?	Yes	No	N/A
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