

# *Advances Learning Center*

Application for Enrollment  
Summer Gap Program: Language Boosters and Social Instruction

## STUDENT INFORMATION

Child's full name \_\_\_\_\_

Male  Female

Application date \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

Primary diagnosis \_\_\_\_\_

Secondary diagnosis \_\_\_\_\_

Referred to ALC by \_\_\_\_\_

## PARENT INFORMATION

**Parent** \_\_\_\_\_

Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**Parent** \_\_\_\_\_

Address \_\_\_\_\_

Town, State, Zip \_\_\_\_\_

(if same as above, just write "same")

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

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### CURRENT SERVICES

In the following grid, please fill out the appropriate number of hours of service that your child will be receiving this fall. Leave all other lines blank. (Please do not mark "0" in any line.) Fill out *either* hours per week *or* hours per month for each service, not both. You may fill out hours per week for some services and hours per month for others.

Please only fill out lines of services your child **already** receives.

<i>Type of service</i>	<i># hours per week</i>	<i>or</i>	<i># hours per month</i>
ABA 1:1 teaching	_____		_____
ABA consultation	_____		_____
Time in school w/ aide	_____		_____
Time in school w/ out aide	_____		_____
Private speech services	_____		_____
School speech services	_____		_____
Private OT services	_____		_____
School OT services	_____		_____
Private PT services	_____		_____
School PT services	_____		_____
Other:	_____		_____
Other:	_____		_____

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### **CURRENT SKILL LEVEL**

Please fill out the following to the best of your knowledge. We will do additional testing, so if you are not sure, please take your best guess.

1. Does your child use speech, signs, or PECS to communicate?
2. How does your child ask for things? (please be specific and use examples)
3. Please list the items / actions / privileges / toys that your child asks for most frequently:

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4. Approximately how many of the following items can your child label?

Please note: we are only asking if your child will name the item when he/she sees it. A child may fully understand what something is, and yet still not label it. Please only report on things your child actually labels.

	None	1 – 5	5 – 10	10 – 15	15 +
Foods					
Everyday objects					
Animals					
Body parts					
Colors					
Numbers					
Shapes					
Familiar people (names)					
Furniture					
Vehicles					
Positions (on, under, next to)					
Places (park, school, restaurants)					

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5. Approximately how often does your child respond to the following?

	Never	Sometimes	Half the time	Most of the time	All of the time
His/her name being called (by looking up)					
A person speaking (by looking up)					
An instruction to do something fun (by following the instruction)					
An instruction to do something neutral (by following the instruction)					
An instruction to do something not preferred (by following the instruction)					

6. Please list your child's favorite toys, games, songs, activities:

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7. Please tell us approximately how often your child demonstrates the following social skills:

	Never	Sometimes	Half the time	Most of the time	All of the time
Shows interest in other children by watching them					
Shows interest in other children by imitating them					
Shows interest in other children by talking to them					
Shows interest in other children by playing with them					
Plays next to others for 5 minutes or more without grabbing/taking toys					
Plays appropriately with toys					
Takes turns with toys					
Takes turns in simple games					
Participates in group activities (singing, sitting for story / circle)					

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8. Please tell us anything else about your child that you think would help us in creating an enjoyable and productive learning environment for him or her.

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Check off the weeks you are interested in having your child attend the Summer Gap Program:

- Week of August 17; (8/18, 8/20, 8/21) \$360.00  
 Week of August 24; (8/25, 8/27, 8/28) \$360.00  
 Week of August 31; (9/1, 9/3, 9/4) \$360.00

Please note that classes are from 9:00 am to 12:00 pm each day. We ask that you send in a mid-day snack with your child.

Please attach copies of your child's most recent evaluations to this application.

Thank you for completing an application. You will be contacted to set up an intake interview. We look forward to working with your child!

**Please mail your application to:**    **Attn: Katie Carey**  
**Advances Learning Center**  
**85 Main St.**  
**Suite 102**  
**Watertown, MA 02472**

**Or, you may fax your application to: 617-663-6252**