(To be completed by school or daycare staff)

School Information Request

Amos Cottage Therapeutic Day Program
3325 Silas Creek Parkway
Winston-Salem, NC 27103
Telephone: (336) 713-7497 or (336) 713-7493
FAX: (336) 765-0842
Attention: Therapeutic Day Program Assistant

Child's Name: _____

Student/School Number: _____

Dear Teacher:

The parent/guardians of the above named child are interested in admitting their child to the Therapeutic Day Program at Amos Cottage with Wake Forest Health Sciences. Your responses to the following questions are an essential component to the evaluation for admission, and will be greatly appreciated.

A. Basic Information:

1. Name and Address of School: _____Phone:_____
2. Hours of attendance: _____Teacher:_____
3. Number of students on class: _____Age Range/Grade:_____
4. Number of adults (teachers, aides, volunteers) available for supervision of these children:_____
5. Does this child have an active IEP in place: (If the child has an IEP the program will need a copy of the plan prior to admission).
6. What concerns do you have of this child at the present time? Please list in order of concern:
   1) _____
   2) _____
   3) _____
   4) _____

Was a IST referral initiated, _____ yes _____ no
(Please provide a copy of any referrals made to the IST Team)

For School Age Children the following documentation/plans will need to be provided to the program to further support admission.
What interventions have been implemented to address the above noted behaviors and found unsuccessful (e.g., **Functional Behavioral Assessment, Functional Behavioral Plan, Individual Education Plan, 504 Plan, behavior plans**). Please provide the program a copy of these interventions verifying implementation along with this document. (Note comments below)
_____
_____

(To be completed by school or daycare staff)

_____
_____

For Pre-school age children the program will need documentation detailing specific behavioral interventions that were implemented and found unsuccessful. This documentation is needed to further support admission. These may include interventions suggested by the 'Behavioral Specialist'/Work Family Resource/Smart Start. Please provide the program a copy of these interventions verifying implementation or note the interventions below:

_____
_____
_____
_____

7. What contact have you had with the parent(s)?
_____

8. Has the child received a developmental evaluation? (If yes, who performed the evaluation).
_____

Please **circle** the areas of current concern:

Gross Motor Skills:
Running Climbing Unassisted Pedaling a Tricycle Jumping with Good Balance
Using Stairs Alternating Feet Balancing on one Foot Kicking a Ball
Throwing a Ball Overhead Catching a Bouncing Ball Sliding Unassisted
Low Muscle Tone (Hypotonia) Level of Muscle Rigidity/ Spasticity (Hypertonia)
Excessive Fatigue Motor Planning

Fine Motor Skills:
Holding a Pencil Copying (Lines/Circles) Using Scissors Opening Wrappers

Self-Help Skills:
Using both Spoon and Fork to Eat Toileting Independently
Undressing Independently Dressing Independently
Washing and Drying Hands Independently

Strength and Muscle Tone:
Loses Balance Clumsy Can't Hold Sitting Position on Floor for 5 Minutes
Muscles Too Tight Muscles Too Loose

Sensitivities: (Tactile, Smell, Movement)
Avoids Certain Clothing Items Avoids Certain Foods and or Smells Limited Food Repertoire Wears Clothes Incorrectly Bothered by Certain Noises (*Specify Noise*):_____ Reacts Emotionally or Aggressively to Touch

(To be completed by school or daycare staff)

Has Difficulty Tolerating Closeness of Others Avoids Going Barefoot
Becomes Frightened when Feet Leave Ground
Becomes distressed when feet leave the ground

Seeks Sensation:
Chews Clothes Enjoys Strange noises or Makes Noises Can't Sit Still/Fidgets
Becomes Overly Excited during Activities Touches People and Objects
Doesn't Seem to Notice When Hands or Face are Messy

Listening Skills:
Hearing What is Being Said Difficulty Paying Attention
Easily Distracted by Noise in Immediate Setting

Cognitive/Learning:
Understanding Consequences both Positive and Negative
Following and Understanding Rules Stopping and Thinking Before Acting
Learning New Concepts Remembering What S/He Has Learned
Distinguishing Between Reality and Fantasy (Understanding What is Real and What is Pretend)

Attention/Activity Level:
Overly Active Low Energy/Underactive Appears in Own World
Short Attention Span

Social/Emotional:
Expressing Feelings Verbally: Happy, Sad, Angry, and Afraid
Naming or Identifying a Friend Limited Range of Activities/Toys
Odd Intense Interests Engaging in Cooperative Play
Engaging in Imaginary/Pretend Play Little Interests in Adults
Little Interest in Peers

Other:
Accepts Transitions Insists on Routines Difficulty Separating from Family Members
Repeats Questions When Answers are Provided Appears Worries
Often Complains of Not Feeling Well Likes Things a Certain Way
Doesn't Like When Play Items are Moved Speaks Less in Group Settings
Often Appears Irritable Mood Changes Frequently Unaware of Danger
Sleep Problems

Kindly fax or mail this form once completed
Attention: TDP Program Assistant
Fax to (336) 765-0842
Address: 3325 Silas Creek Pkwy
Winston-Salem, NC 27103

Revised 09/05, 09/08, 04/10, 12/13, 9/14

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Comments:

Signature: _____
Title: _____
Date: _____