



1223 El Prado Avenue, Torrance, CA 90501
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www.AutismEd.com

APPLICATION Summer2012



myCoach provides your child with an ABA-trained and experienced coach. **myCoach** will enable your child with special needs to actively participate in and grow from his summer camp experience.

If you'd like your child to participate in summer camp, but are not sure which camp would best suit his needs, let us know and we can assist you with finding the right camp for him.

Participants must submit applications and payment two (2) weeks prior to the start of camp. Space is limited. We will assign a coach to your child upon receipt of your completed application and full payment of the **myCoach** service fee.

Cost

\$55 per hour for up to 10 hours per week; \$45 per hour for 11 or more hours per week. **myCoach** services are billed on an hourly basis, based on the number of hours your child's coach is with him/her at camp. Design of learning and behavior protocols and supervision are included in the cost. Our cost is separate from the camp's daily or weekly fee.

***Refund Policy:** Cancellation fewer than 7 days prior to the first day of camp will result in no refund.

Participant Information

Child's Name: _____ Gender: M F
Date of Birth: _____ Current Age: _____ Grade in Fall 2012: _____
Current Diagnosis: _____
Current Interventions: (Speech therapy, occupational therapy, behavioral therapy, etc.)

Parent's Name: _____ Relationship: _____
Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____
E-mail Address: _____

Parent's Name: _____ Relationship: _____
Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____
E-mail Address: _____

Emergency Contact (other than parent): _____
Relationship: _____ Best Phone Number to Reach Him/Her: _____

Does your child have a behavior support plan or IEP? Yes No

In what type of school program does your child participate?

- General Education/Inclusion
- Special Education (part of day)
- Special Education (full day)
- Private school
- Has a 1:1 aide /paraeducator at school
- Other: _____

How did you hear about **myCoach**?

- Internet
- Resource Fair
- Other: _____
- Referred by: _____

Please list any medications that your child is currently taking:

Medication Name	Dosage	Time of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list current allergies:

What are your child's favorite foods?

Please list any dietary restrictions and/or special nutritional needs (e.g., gluten free, dairy free, vegetarian, etc.)

Summer Camp Information

Camp Name: _____
Address: _____
Phone Number: _____ **Fax Number:** _____
E-mail: _____

Camp Session:
_____/_____/____ to ____/____/____
MM DD YY MM DD YY

M Tu W Th F _____:_____ AM/PM to _____:_____ AM/PM

Camp Name: _____
Address: _____
Phone Number: _____ **Fax Number:** _____
E-mail: _____

Camp Session:
_____/_____/____ to ____/____/____
MM DD YY MM DD YY

M Tu W Th F _____:_____ AM/PM to _____:_____ AM/PM

Camp Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
E-mail: _____

Camp Session:
_____/_____/_____ to ____/____/_____
MM DD YY MM DD YY

M Tu W Th F _____:_____ AM/PM to _____:_____ AM/PM

Interests & Goals

What are your child's favorite activities?

Indoor: _____
Outdoor: _____

Please list any tasks/activities that your child does NOT like to engage in.

Indoor: _____
Outdoor: _____

What are your main goals for your child at summer camp?

Skills (Please skip this section if your child is a current RAE client)

Please check all that apply:

Communication

- Verbally indicates his/her wants and needs
- Follows instructions without visual cues
- Names items that he/she sees
- Articulation is understandable for most people
- Speaks in sentences
- Answers questions
- Participates in conversations

Socialization

- Prefers to play alone
- Observes other children playing
- Follows and imitates peers
- Joins in play with other children
- Responds to peers' requests**
- Shares toys without assistance
- Takes turns without assistance
- Looks at others when speaking/when being spoken to
- Verbally interacts with peers
- Hits, slaps, pushes, shoves, bites, or scratches kids in group situations
- Expresses emotion (e.g., sad, happy, hurt)

Play

- Attends to toys or books for 1 minute or more
- Engages in physical play independently (e.g., dancing, climbing, jumping)
- Assembles toys that have multiple parts (e.g., train tracks, builds with blocks/Legos)
- Plays with pretend play items (e.g., pretends to cook or eat food, push toy cars, etc.)
- Engages in dramatic play (e.g., pretends to be a cook, pretends to have a party with stuffed animals, etc.)

Self-Help Skills

- Toilet trained
- Washes hands independently
- Eats independently with utensils when required
- Cleans up after activities
- Ties own shoes

Classroom/Group Skills

- Sits at group snack or lunch table for 10 minutes without disruptive behavior
- Transitions from one activity to another without disruptive behavior
- Attends to an adult or activity for up to 5 minutes
- Attends to an adult or activity for up to 15 minutes
- Completes classroom tasks independently

Challenging Behaviors (Please skip this section if your child is a current RAE client)
Please describe any problematic behavior(s). Antecedents refer to causes or precipitating events, instructions or situations.

Non-compliance: Yes No

Please describe non-compliance and settings in which it occurs: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Tantrums: Yes No

Please describe tantrums and settings in which they occur: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Aggression: Yes No

Please label and describe all aggressive behaviors, settings in which they occur, and name recipient of aggressive behaviors: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Running Away: Yes No

Please describe behavior and settings in which it occurs: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Repetitive Mannerisms: (such as hand flapping, finger flicking, gazing, lining up objects, hoarding objects, toe walking, running back and forth, repeating previously heard words out of context, etc.) Yes No

Please describe repetitive mannerisms: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Other behavior: Yes No

Please describe other behavior: _____

Frequency: Daily Weekly Monthly

Antecedents: _____

Please provide any additional information that would be helpful for us to know:

Public Relations Consent Form

The purpose of this form is to give Resources in Autism Education, Inc. permission to use photographs and other likenesses of employees, volunteers, people served, and others who may grant permission for the promotion of the agency’s programs, its mission, and general community outreach. Public relations/marketing activities may include, but are not limited to publication of photographs on the web site, in advertisements, in brochures, on flyers, on display boards, on television, or in video and slide presentations.

NAME _____

I(We), _____, being either of legal age to consent, or the legal parent(s), guardian(s), or conservator(s) of the above named individual who is a minor child or person unable to consent on his or her own behalf, give Resources in Autism Education, Inc. (RAE), its assigns, or successors, the right to use the above named individual’s name and any photograph, video, voice recording or any other likeness RAE has in any media form, now known and hereafter created, for the purpose of promoting RAE’s mission, products, services, or programs. RAE also has the right to substitute the above named individual’s voice if it is deemed proper by RAE.

Furthermore, I(We) agree that such items shall belong to RAE and remain free and clear of any claim whatsoever on my(our) part or the part of the above named individual.

I (We) understand that I(We) may terminate authorization at any time for any future photographs, video, voice recordings, or other likeness produced of the above named individual by delivering written notice to the Director of RAE. However, said termination shall not cover items previously authorized and already in production/use.

Signature of Consenting Adult/Parent/Guardian Date

Printed Name

Street Address

City State Zip