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Social Skills Club Application 2012-2013

Participant Information

Child's Name: _____
Gender: M F
Date of Birth: _____ Current Age: _____ Grade in Fall 2012: _____
Current Diagnosis: _____

Parent's Name: _____ Relationship: _____
Address: _____
Home Phone Number (H): _____ Cell Phone Number (C): _____
Work Phone Number (O): _____ Preferred Phone Number: H C O
E-mail Address: _____

Parent's Name: _____ Relationship: _____
Address: _____
Home Phone Number (H): _____ Cell Phone Number (C): _____
Work Phone Number (O): _____ Preferred Phone Number: H C O
E-mail Address: _____

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

How did you hear about RAE's After School Social Skills Club?

- Internet
 Other: _____
 Referred by: _____

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.)

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

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: _____

Skills

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.)
- Will engage in activities alongside peers for more than 10 minutes
- Will engage in activities that are less-preferred, yet agreed upon by group for at least 10 minutes

Self-Help Skills

Washes hands independently

- Toilet trained
- Cleans up after activities
- Ties own shoe
- Eats independently with utensils when required

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 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 it 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 add any other information that would be helpful for us to know.

Release and Hold Harmless Agreement/Authorization for Treatment of a Minor

In consideration of the participation in the Resources in Autism Education, Inc.'s 2012-2013 After School Club, I(we) understand and agree to the following:

_____, (Participant) is hereby given my consent to participate in organized activities in Resources in Autism Education, Inc.'s 2012-2013 After School Club.

Signature of Parent/Guardian

Date

The undersigned does hereby waive, release, acquit and forever discharge Resources in Autism Education, Inc. (RAE) and 2012-2013 After School Club, its officers and directors, collectively and individually, coaches, and adult supervision, and any and all persons directly or indirectly associated with RAE or 2012-2013 After School Club and each of them from any and all acts, causes of action, claims, demands, damages, costs or expenses on account of or which may in any way develop out of any and all known and unknown personal injuries or property damage which the participant may suffer during the course of or as a result of the participation in RAE's 2012-2013 After School Club including, but not limited to, indoor and outdoor activities, and travel to and from surrounding locations.

I hereby acknowledge that I am the parent and/or guardian of the above-mentioned minor. I give authorization to any properly licensed physician or surgeon to provide emergency medical care and/or treatment when necessary. Any expenditure for care and treatment is my responsibility.

Signature of Parent/Guardian

Date

Printed Name of the Parent or Guardian

Printed Name of Participant

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