



2013 CAMP MILESTONES STUDENT APPLICATION

Child's Name: _____ Age: _____

Date of Birth: _____

Parent(s) Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Address: _____

Email: _____

Alternate Emergency Contact Name: _____ Phone: _____

Food Allergies/Restrictions: _____

Current Placement (If Applicable): _____

Educational/Classroom Type: _____

Additional Therapies: _____

Do you have any in-home strategies?
(e.g. PECS, Floortime, ABA, TEACCH, other)

If you have a home program please provide a description of your current target skills/programs:

Interests: 1. _____

2. _____

Preferred

Activities: 1. _____

2. _____

Food Preferences:

1. _____
2. _____

Food Dislikes:

1. _____
2. _____

RECEPTIVE COMMUNICATION: (Check all that apply.)

- Points when asked
- Points to specific objects in small groups of objects
- Points to pictures upon request

EXPRESSIVE COMMUNICATION: (Check all that apply.)

<input type="checkbox"/> Verbal, echolalic (no meaningful language)	<input type="checkbox"/> Uses gestures/signs to communicate
<input type="checkbox"/> Verbal, single words	<input type="checkbox"/> Uses word cards to communicate
<input type="checkbox"/> Verbal, short phrases	<input type="checkbox"/> Uses pictures to communicate
<input type="checkbox"/> Verbal, speaks in sentences	<input type="checkbox"/> Uses objects to communicate
	<input type="checkbox"/> Uses augmentative device

SELF-HELP: (Check all that apply.)**Eating/Drinking**

<input type="checkbox"/> Stays at table during meals	<input type="checkbox"/> Able to pour liquids
<input type="checkbox"/> Eats independently	<input type="checkbox"/> Drinks without spilling
<input type="checkbox"/> Eats without spilling	<input type="checkbox"/> Can take dishes to sink

Toilet Training

<input type="checkbox"/> Dry during daytime	<input type="checkbox"/> Able to unbutton
<input type="checkbox"/> Asks/requests to go to bathroom	<input type="checkbox"/> Uses toilet paper
<input type="checkbox"/> Able to open zippers	<input type="checkbox"/> Able to close zippers
<input type="checkbox"/> Able to button	
<input type="checkbox"/> Is on a toileting schedule (How often does child go? _____)	

SOCIAL BEHAVIOR: (Check all that apply.)

- Responds to name
- Tolerates other children's proximity
- Tolerates adults' proximity
- Tolerates physical help/hand over hand if needed
- Able to take turn in small group activities

Typical behaviors when around others:

Typical behaviors when alone or not engaged in an activity:

WORKING BEHAVIOR: (Check all that apply.)

Is able to work independently How long? _____

Is able to stay seated How long? _____

Is able to work without being distracted by:

() Sounds

() Sights

() Touch

Is able to transition from one activity to another

Is able to transition from one area to another

CHALLENGING BEHAVIORS: (Check all that apply.)

Self-injurious behaviors (List: _____)

Biting

Hitting

Kicking

Meltdowns

Running Away

Other potentially dangerous behaviors (List: _____)

PRE-ACADEMIC SKILLS: (Check all that apply.)

Sorting

Sorts objects

Sorts by concept (e.g., big vs. little)

Sorts pictures

Sorts colors

Sorts numbers

Sorts letters

Sorts words

Matching

<input type="checkbox"/> Matches objects	<input type="checkbox"/> Matches numbers
<input type="checkbox"/> Matches by concept (e.g., big vs. little)	<input type="checkbox"/> Matches letters
<input type="checkbox"/> Matches pictures	<input type="checkbox"/> Matches words
<input type="checkbox"/> Matches colors	<input type="checkbox"/> Matches by category (e.g. clothes, food)

ACADEMIC SKILLS: (Check all that apply.)

<input type="checkbox"/> Recognizes/matches colors	<input type="checkbox"/> Completes puzzles (# of pieces <u> </u>)
<input type="checkbox"/> Recognizes/matches numbers	<input type="checkbox"/> Identifies letter sounds
<input type="checkbox"/> Recognizes words	<input type="checkbox"/> Reads fluently
<input type="checkbox"/> Reads some information with comprehension	
<input type="checkbox"/> Writes words, phrases, or sentences (circle one)	
<input type="checkbox"/> Recognizes/uses pictures (Photos, line drawings, magazines)	
<input type="checkbox"/> Can count from 1-10	<input type="checkbox"/> Adds numerals
<input type="checkbox"/> Uses computer	<input type="checkbox"/> Subtracts numerals
<input type="checkbox"/> Counts objects	<input type="checkbox"/> Multiplies numerals
<input type="checkbox"/> Draws	<input type="checkbox"/> Divides numerals

SOCIAL SKILLS/BEHAVIOR MANAGEMENT

Situation or task demands or things that cause him/her to become upset or agitated:

1. _____
2. _____
3. _____

Best techniques to prevent your child from getting upset: (e.g. warning, visual schedule)

1. _____
2. _____
3. _____

What does student do when he/she is upset?

1. _____
2. _____

Best techniques for calming the student down when he/she becomes upset:

1. _____
2. _____

VISUAL SCHEDULES: (Check all that apply.)

Transition objects Pictures-icons or black & white image
 Object sequence How many? _____ only
 Single photograph for each transition Pictures black and white image with
 Photographs without words (in sequence) words
 Photographs with words (in sequence) Written words on cards
 Written schedule (day planner or clipboard)

BEHAVIORAL SUPPORT: (Check all that apply.)

Behavior Plan Reinforcement Schedule
 Behavior Chart Responsive Cost System

Medical Issue(s):

Medications:

Reason for taking:

Is there any other information that would be helpful for new people working with the student? (e.g. sensory needs, targeted behaviors being addressed)

Please send completed applications to Leslie Rotsky by **July 15, 2013:**

Email: rotsky@milestones.org Fax: 216.464.7602 (Attn: L. Rotsky)

Mail: **Milestones Autism Organization**

ATTN: Leslie Rotsky
23880 Commerce Park, Suite 2
Beachwood, OH 44122

Questions: Call Leslie at 216.464.7600 ext. 103.