



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.)**☐ Verbal, echolalic (no meaningful language)☐ Verbal, single words☐ Verbal, short phrases☐ Verbal, speaks in sentences☐ Uses gestures/signs to communicate☐ Uses word cards to communicate☐ Uses pictures to communicate☐ Uses objects to communicate☐ Uses augmentative device**SELF-HELP: (Check all that apply.)****Eating/Drinking**☐ Stays at table during meals☐ Eats independently☐ Eats without spilling☐ Able to pour liquids☐ Drinks without spilling☐ Can take dishes to sink**Toilet Training**☐ Dry during daytime☐ Asks/requests to go to bathroom☐ Able to open zippers☐ Able to button☐ Able to unbutton☐ Uses toilet paper☐ Able to close zippers☐ 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 <input type="text"/>) |
| <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.)

- | | |
|---|--|
| <input type="checkbox"/> Transition objects | <input type="checkbox"/> Pictures-icons or black & white image |
| <input type="checkbox"/> Object sequence How many? _____ | <input type="checkbox"/> only |
| <input type="checkbox"/> Single photograph for each transition | <input type="checkbox"/> Pictures black and white image with |
| <input type="checkbox"/> Photographs <u>without</u> words (in sequence) | <input type="checkbox"/> words |
| <input type="checkbox"/> Photographs <u>with</u> words (in sequence) | <input type="checkbox"/> Written words on cards |
| <input type="checkbox"/> Written schedule (day planner or clipboard) | |

BEHAVIORAL SUPPORT: (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Behavior Plan | <input type="checkbox"/> Reinforcement Schedule |
| <input type="checkbox"/> Behavior Chart | <input type="checkbox"/> 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: lrotsky@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.