Monarch Center for Autism

A Division of Bellefaire JCB

2014 Monarch Summer Social Language Program (MSSLP) – Leadership Program (ESY) Application – Part I

Thank you for expressing interest in the 2014 Monarch Summer Social Language Program (MSSLP) – Leadership Program, a 5-week summer program (June 23 – July 25), located at Monarch School in Shaker Heights, for individuals ages 13 to 20, with Autism Spectrum Disorders (and similar social skills deficits).

Below is a checklist of items that must be completed as part of the application process:

❒ Please complete and submit pages 2, 3, 4 and 5 of this application by April 30th (earlier submission is preferred so we can schedule intake appointments – please see below)

❒ Please submit copies of your child's records along with his/her application. These records include current IEP and most recent comprehensive evaluation(s) such as: psychology, neuropsychology, medical, occupational therapy, speech therapy, school progress, etc.

❒ Please submit written confirmation that you grant consent and have arranged with your child's school for our staff to conduct an observation of your child at his/her school

Please submit the above materials to:

> Lauren DeMinico
> Monarch School
> 22001 Fairmount Boulevard
> Shaker Heights, Ohio 44118
> ATTN: Monarch Summer Social Language Program – Leadership Program

❒ Once we receive these materials, we will call you to set up an intake appointment (at Monarch School) and a school observation (at your child's school). These appointments are free of charge and are required to complete the application process. Appointments will be scheduled beginning in mid-March.

Program acceptance will be determined within 2 weeks of your child's final appointment.

If you have any questions, please contact Lauren DeMinico at 216.320.6805 or deminicol@bellefairejcb.org or Debra Mandell at 216.320.8571 or mandelld@bellefairejcb.org

We look forward to a great summer!

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Monarch Summer Social Language Program (MSSLP) – Leadership Program Application – Part I

GENERAL INFORMATION

Name of Student: _____ **DOB:** _____

Grade Entering as of Fall 2014: _____ **School Currently Attending:** _____

Parents' Names: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Home Phone Number: _____ **Email Address:** _____

Mom's Work: _____ **Mom's Cell:** _____ **Other:** _____

Dad's Work: _____ **Dad's Cell:** _____ **Other:** _____

Emergency Contact (including phone number): _____

Sibling Names & Ages: _____

CHILD'S DIAGNOSIS (check all that apply)

❒ Asperger's Syndrome   ❒ PDD   ❒ Autism   ❒ Obsessive-Compulsive Disorder

❒ Tourette's Syndrome   ❒ ADD or ADHD   ❒ Anxiety or Phobias   ❒ Non-Verbal LD

❒ Other (please describe)

STUDENT SYMPTOM PROFILE (check areas of difficulty for your child):

Social/Language/Theory of Mind (perspective taking)

❒ Initiating Conversation   ❒ Joining a conversation already in progress   ❒ Taking the other person's perspective

❒ Commenting   ❒ Recognizing the signs that someone is busy – not interrupting   ❒ Flexibility

❒ Monitoring Conversations   ❒ Reading nonverbal cues

❒ Maintaining Conversations   ❒ Disengaging from conversation   ❒ Functioning in a group setting

❒ Cooperative play/small group play

Executive Functioning

❒ Organization   ❒ Attention   ❒ Transitioning   ❒ Follows Directions

Sensory Processing

❒ Under-aroused   ❒ Over-aroused   ❒ Transitioning   ❒ Mixed/Dysregulated

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Behavioral Symptoms (check any that apply)

❒ Hits ❒ Kicks ❒ Bites ❒ Scratches ❒ Pinches ❒ Tantrums ❒ Yells

❒ Other (please describe):

ALLERGIES (please list any allergies)

1. _____ 3. _____

2. _____ 4. _____

BEHAVIOR PLAN / VISUALS

❒ Does your child have a behavior plan at school? _____ YES _____ NO If yes, please attach a copy.

❒ Is the behavior plan effective? _____ YES _____ NO

❒ Does the use of visual aids help your child? _____ YES _____ NO

AUGMENTATIVE COMMUNICATION

❒ Does your child use an augmentative communication device? _____ YES _____ NO

❒ If yes, please indicate which type of device s/he uses: _____

❒ Will this device accompany your child this summer? _____ YES _____ NO

GETTING TO KNOW YOUR CHILD
At MSSLP – Leadership Program/ESY we don't talk about diagnosis per se, but we do discuss symptoms of the various diagnoses and how this may impact your child's ability to interact with others.

Does your child know s/he has a diagnosis? _____ YES _____ NO

If so, what do you call it? _____

GOALS
What are your goals for your child this summer?

1. _____ 3. _____

2. _____ 4. _____

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What are your child's favorite areas of interest?

1. _____   3. _____

2. _____   4. _____

OTHER
Is there any other information we should know about your child?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

STUDENT QUESTIONNAIRE
Please ask your child to answer the questions below as independently as possible. We will not make any admissions decisions based on the answers provided, but rather we hope to learn more about your child by reading his/her personal responses.

1. What are your favorite things to do?

    _____
    _____

2. What are your strengths?

    _____
    _____

3. What are your weaknesses?

    _____
    _____

4. Have you ever participated in community service projects?   _____YES   _____ NO

    If YES, please describe your experience(s):

    _____
    _____

5. Have you ever filled out a job application?   _____YES   _____ NO

6. Have you ever participated in a mock interview for a job?   _____YES   _____ NO

7. What type of job would you like to have?

    _____
    _____

8. Do you prefer being in a…   _____SMALL GROUP   _____ LARGE GROUP

9. Please list 3 words that describe you:
    a. _____
    b. _____
    c. _____