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INTAKE APPLICATION

Date of Application: _____

Student's Name: _____

Date Of Birth: _____ Current Age: _____ Male / Female (please circle)

Address: _____
City, Province Postal Code

Citizen of Canada? Yes No If no, Landed Immigrant? Yes No

Parent 1/Legal Guardian: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Parent 2/Legal Guardian: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Sibling Name: _____ Age/Relationship _____

Sibling Name: _____ Age/Relationship _____

Medical Information

Primary Diagnosis: _____

Secondary Diagnosis: _____



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Age at Diagnosis: _____ Diagnosed by: _____

Current Medication: _____

Please note that PALS will develop a protocol for administering medications on a case by case basis.

Past Medication: _____

Allergies, include life threatening allergies or medical conditions:

Special Diet: _____

Seizures/Convulsions? yes no

Treatment: _____

Recurring Health Ailments: _____

List of Physical Sensitivities/Disabilities: _____

History of Childhood Diseases/Operations: _____

Other Biological Interventions: _____

Has an ABLLS (The Assessment of Basic Language and Learning Skills) been completed and if so, when? _____



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Description of current intervention programs:

In home program:

Type of programming and Dates: _____

Past Consultant(s): _____

Current Consultant: _____

School:

Dates Attended: _____ School: _____

Grade/Level: _____

Dates Attended: _____ School: _____

Grade/Level: _____

How much assistance in the classroom? _____

Describe any problem behaviours within a teaching setting and any plan for addressing them:

Therapies

Occupational Therapy: yes no Hours per week: _____

Goals: _____

Who provides service? _____

Physical Therapy: yes no Hours per week: _____

Goals: _____



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Who provides service? _____

Speech and Language Therapy: yes no Hours per week: _____

Goals: _____

Who provides service? _____

Other therapies

Describe: _____

Number of hours in school per week: _____

Number of hours at home with therapist per week: _____

General Information about your child:

What current communication skills does your child have? (*For example, vocalizations, words, sign language, PECS, etc.*)

Does your child initiate play with other peers? yes no

If yes, describe how (stands close to the peer, looks at the peer, vocal request, etc...)

Does your child comply with your requests to do what you ask? yes no

If yes, describe how:

How long will your child sit at a table and participate in an activity with an adult?

Does your child respond appropriately when you tell him/her no? yes no

If no, describe your child's behaviour when you say "no":



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Can you take away reinforcers (preferred items) at home or in public places without behavioural problems? yes no

If no, describe your child's behaviours when you take something away:

Does your child have any behaviour issues (such as self-injurious, aggressive towards others, self-stimulatory, etc.) yes no

If yes, describe what they are:

List types of toys, social games, etc... that are motivating to your child:

List types of activities, etc... that your child dislikes:

Toileting

Is your child toilet trained? yes no

Can your child go to the toilet independently? yes no

If not, describe assistance required in toileting:

Eating Issues

Does your child have significant eating issues? yes no

If yes, describe the issues:



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Sleep Issues

Does your child have significant sleep issues? yes no

If yes, describe the issues:

Primary Goals

List your three major goals for your child over the next year:

1. _____
2. _____
3. _____

What commitment level are you willing to make at home in order for your child to achieve such goals?

List your long term goals for your child (For example: classroom integration, community integration, number of years at PALS, etc.):

Other

As a member of a non-profit school, what talents, interests, resources or professional training can you share in order to enhance PALS?

Once we receive this intake application, your child will be added to the PALS waitlist. If we have an opening, we will evaluate all children on the waitlist to choose the one who would best fit that specific grouping with the opening. If your child is selected, you will be contacted and your child will be scheduled to visit PALS and assessed by our Board Certified Behaviour Analyst.



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Please note: In order for your child's experience at PALS to be successful, we ask each family to attend team meetings and parent workshops so that effective follow through may occur in the home environment. The child who will benefit the most from enrollment at PALS is the child whose parents/legal guardians are supportive of the ABA methodology.

We also require that parents/legal guardians volunteer on the Parent Committee in order to keep our costs as low as possible.

Thank you for your interest in PALS.

The undersigned hereby acknowledges that the information contained in this application is complete and accurate to the best of their knowledge, and that the terms of this application has been read and understood.

Parent /Legal Guardian _____ **Date** _____
Signature