



Tomorrow's Voices
Bermuda Autism Early Intervention Centre
(Registered Charity #816)

INTAKE FORM AND QUESTIONNAIRE

Due to our non-profit status, we must keep the following information on file. Please be assured that your answers to these questions will in no way influence your child's possible admission. Tomorrow's Voices does not discriminate based on age, gender, race, or national origin.

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FOR OFFICE USE ONLY:

Application Received Date: _____

Application Fee Received Date: _____

Received by: _____

Interview/Visit Date: _____

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Instructions: Please complete this document in its entirety (including copies of related information where requested) to best assist us with your child's assessment. Once you have completed the document please bring it, the requested attachments and video to Tomorrow's Voices for your intake meeting.

Areas:

1. Child Information
 - PLEASE INCLUDE COPIES OF DIAGNOSTIC ASSESSMENT
2. Parent/Legal Guardian Information
3. Medical Information
4. Educational Services Information
 - PLEASE INCLUDE COPIES OF THE MOST RECENT RELATED REPORTS
5. Behavioral Language Assessment
 - PLEASE INCLUDE A COPY OF AN ASSESSMENT OF BASIC LANGUAGE AND LEARNING SKILLS (ABLBS) AND ANY OTHER SIMILAR ASSESSMENTS
6. Problem Behavior
 - PLEASE INCLUDE A COPY OF ANY BEHAVIOR PLANS THAT HAVE BEEN WRITTEN OR USED
7. Reinforcement/Child Preferences
8. Daily Schedule
9. Narrative
10. Expectations
11. Video Checklist

Working Hard Today for Tomorrow's Voices

155 South Road, Smith's HS 01

Tel: (441) 297-4EIC (342) ~ Fax: (441) 297-2EIC (342) ~ E-mail: tomorrowsvoices@northrock.bm ~ Web: www.tomorrowsvoices.bm

Mailing Address (if different than above): _____

Home Phone: () _____ Cell Phone: () _____

Pager/Work Phone: () _____ Email: _____

Parent #2:

16. Father's Name: _____ 17. Age: _____

18. Occupation: _____ Title: _____

Employer: _____ 19. Marital Status _____

20. Home Address: _____

Mailing Address (if different than above): _____

Home Phone: () _____ Cell Phone: () _____

Pager/Work Phone: () _____ Email: _____

Guardian #1:

21. Name: _____ 22. Age: _____

23. Occupation: _____ Title: _____

Employer: _____ 24. Marital Status _____

25. Home Address: _____

Mailing Address (if different than above): _____

Home Phone: () _____ Cell Phone: () _____

Pager/Work Phone: () _____ Email: _____

26. Who lives with the child?

Name:

Age:

Relationship:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MEDICAL INFORMATION

27. Is your child currently on any medications (Circle one) **Yes** **No** If yes, please list below.

<u>Medication/Supplements</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date Prescribed</u>	<u>Prescribed for</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

28. Is the child still under the prescribing physician's care? (circle one) **Yes** **No** If not, please explain:

29. What other medications have been used? _____

30. Has your child been diagnosed with any medical conditions (e.g., seizure disorders, cerebral palsy, etc.)? _____

31. Does your child have food or other types of allergies? _____

32. Is your child receiving current medical care? (Circle one) **Yes** **No** If so, please explain: _____

33. Describe your child's eating habits: _____

34. Describe your child's sleeping habits: _____

35. Additional Medical History:

<u>Hospitalizations</u>	<u>Reason</u>	<u>Month/Year</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL SERVICES INFORMATION

36. Describe your child's classroom/school setting: _____

37. Name of School: _____ Is the school a public or private school? _____

of students in room: _____ Staff to student ratio: _____ Special Education or Regular Education

Date enrolled: _____ Days & time of attendance: _____

Please attach most recent school reports including goals & objectives statements.

38. Does your child have a home program? (Circle one) **Yes No** Number of Hours per week: _____

Date started: _____ Public Agency: _____ Private provider: _____

Does a BCBA oversee this program? (Circle one) **Yes No**

Please attach most recent home provider reports including goal, objectives and data.

39. List all providers who provide service to your child/family:

<u>Provider</u>	<u>Agency/Private</u>	<u>Nature of Service</u>	<u>Is the person a Board Certified Behavior Analyst or Associate Behavior Analyst?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

40. Describe other services and/or activities your child participates in:

Service/Activity

Date Started

Hours/Minutes per week

Please attach most recent provider reports including goals & objectives statements.

BEHAVIORAL LANGUAGE ASSESSMENT

Please attach most recent ABLLS assessment or other similar assessments that have been completed.

Expressive Verbal Skills

41. Describe your child's ability to babble speech sounds: _____

42. Describe your child's spontaneous language: _____

43. Describe how your child indicates what he/she wants: _____

44. Describe the type and number of items that your child asks for: _____

45. Describe your child's ability to imitate vocal sounds, words, phrases: _____

46. Describe your child's ability to label items, events, or actions (spontaneous? how many? how often?): _____

47. Describe your child's ability to answer questions: _____

Receptive Language Skills

48. Describe your child's ability to follow directions and routines within context or with model: _____

49. Describe your child's ability to follow directions and routines out of context or without a model: _____

50. Is your child able to follow directions given to a group of children? _____ How large of a group? _____

51. Is your child able to select a named item from a field of two or more items? _____

52. How many items is your child able to identify receptively? _____

53. Is your child able to select an item from a field of two or more when given a description of the item? _____

54. Is your child able to receptively identify body parts, colors, big/little? _____

Motor Imitation

55. Is your child able to imitate simple motor movements such as clapping, waving? _____

56. Is your child able to imitate actions using objects---using "do this" with a model? _____

57. Is your child able to imitate finger-play actions with a song? _____ With a group? _____

Social Skills

58. Does your child make eye contact with: Mom Dad Siblings Familiar people Others (circle all that apply)

59. Describe your child's response when addressed by others: _____

60. Describe your child's interest in being with others (children, adults, familiar, unfamiliar): _____

61. Describe your child's interest in doing what others are doing: _____

62. Describe your child's ability to participate in turn-taking activities: _____

Play Skills

63. Describe your child's play with toys (identify the toys and length of time involved): _____

64. Does your child use the toys as intended or as self-stimulatory objects? _____

65. Describe your child's interactive play with other children: _____

66. Describe your child's imaginative and pretend play skills: _____

Academic Skills

67. Check skills that your child is able to demonstrate:

____ Recites Alphabet ____ Labels Each Letter Counts to ____ ____ Reads words

____ Counts with one-to-one Correspondence ____ Stacks Blocks ____ Completes Simple Puzzles

____ Orders Items Smallest to Biggest ____ Identify Letters Receptively ____ Identify numerals Receptively Labels Numerals up to ____

Fine Motor and Gross Motor Skills

68. Describe your child's gross motor skills in general: _____

69. Check the skills your child is able to demonstrate:

____ Throw a Ball ____ Kick a Ball ____ Bounce a Ball ____ Catch a Ball

____ Roll a Ball ____ Raise Arms Up ____ Jump on One Foot ____ Twirl Arms

70. Describe your child's fine motor skills in general _____

71. Check the skills your child is able to demonstrate:

____ Scribbles ____ String Beads ____ Writes Letters ____ Writes Words

____ Draws pictures ____ Uses Scissors ____ Draws Lines ____ Draws Shapes

____ Itsy Bitsy Spider ____ Writes Name ____

Self-Help Skills

72. Describe how your child feeds him/herself: _____

73. Does your child wash and dry his/her hands independently? _____

74. Is your child toilet trained? ___ What program did you use or have you tried with your child? _____

75. Describe your child's dressing skills: _____

76. Describe any household tasks that your child assists with: _____

77. Describe how your child responds to situations of danger: _____

PROBLEM BEHAVIORS

78. Describe in general your child's behavior in public places/activities: _____

79. Does problem behavior occur if you deny your child something he/she wants? _____

80. Does problem behavior occur if you interrupt an enjoyable activity? _____

81. Describe in general your child's behavior at home: _____

82. Are there times when you have to modify family activities because of your child's behavior? _____
If so, please describe: _____

83. List each problem behavior that the child displays and describe it. Include any damage resulting from the behavior to the individual, others or property.

Behavior	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

84. Has the child or has anyone else ever required medical care as a result of the problem behavior? _____

85. In which settings does the problem behavior occur? Home School Community Other (circle all that apply)

86. What is the frequency of the problem behavior?

- a. Less than 1 episode per week _____
- b. 1 to 5 episodes per week _____
- c. 1 episode per day _____
- d. More than 1 episode per day _____

87. Describe any of the following that pertain to your child and the conditions under which they occur:

Repetitive behaviors: _____

Physical Aggression: _____

Property Destruction: _____

Obsessive/Ritualistic Behaviors: _____

Withdrawal: _____

Self-Injurious Behavior: _____

Self-Stimulatory Behavior: _____

Escape Motivated Behavior: _____

Unsafe/Dangerous Behavior: _____

REINFORCEMENT/CHILD PREFERENCES

88. Describe the items and activities that your child enjoys: _____

89. Identify typical reinforcers in these groups:

Food Items: _____

Toys: _____

Praise: _____

Physical Activities: _____

90. Describe what your child would do if left alone to their own devices for a period of time: _____

91. Does your child do tasks for the pleasure of completing the task and being recognized for having finished?

DAILY SCHEDULE

DIRECTIONS: Fill in each block of time with a brief description of your child's daily activities.

TIME	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
6:00 AM							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00 PM							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

95. Long Term (3-5 years): _____

96. What level of commitment are you willing to make at home in order for your child to achieve the above goals? _____

97. If your child is accepted into our non-profit/charitable centre, what talents, interests, professional training, or resources would you be willing to share to enhance the Tomorrow's Voices community? _____

VIDEO CHECKLIST

- ✓ Please include a video of your child with this completed document.
- ✓ Video should be in VHS or digital format (no 8mm)
- ✓ Five minutes or less of your child in each of the following activities should be included:
 - Your child during daily activities such as meals, dressing, chores, etc.;
 - Your child requesting food, toys, activities by their communication mode;
 - Your child during a typical play period either with others or individually or both;
 - Your child during a therapy session at home or class session at school; and
 - Your child exhibiting problem behaviors in any and all circumstances.

PLEASE NOTE: In order for your child's experience at Tomorrow's Voices to be a success, we ask each family to attend team conferences and parent workshops so that effective follow-through may occur at home. This is mandatory for your child's enrollment within the Tomorrow's Voices program.

The child who will benefit most from enrollment at Tomorrow's Voices is a child whose parents are supportive of the principles and practices of applied behavior analysis (ABA), specifically B. F. Skinner's analysis of verbal behavior. Tomorrow's Voices will be incorporating a variety of methods and therapies into your child's program, but the core program will be based on the principles and practices of Skinner's analysis of verbal behavior.

Parents must contribute at least 3 volunteer hours per month in order to keep our costs down.

THANK YOU FOR YOUR INTEREST!

The undersigned hereby acknowledge that the information contained in this application is accurate in all respects.

PARENT/GUARDIAN signature: _____

Date: _____

PARENT/GUARDIAN signature: _____

Date: _____

Please send completed application and questionnaire with **\$100.00 non-refundable** application fee to:
Tomorrow's Voices
The Talbot School, 155 South Road, Smiths HS 01

If successful in being admitted, the application fee will be applied to your child's tuition costs.
Please make checks payable to Tomorrow's Voices.

Please forward this completed intake application and questionnaire with your child's most recent ABLLS, other pertinent documents, and video footage to the address above to Ms. Angela Patricelli. If you have any questions concerning the above documentation, please contact Ms. Angela Patricelli at (t) 297-4342 or via email at apatricelli@tomorrowsvoices.bm.

FOR OFFICE USE ONLY:

Date received: _____

Documents Received: Intake Form ABLLS Video Footage Deposit

Verified by: _____

Date: _____
