

(To be completed by school or daycare staff)

School Information Request

Amos Cottage Therapeutic Day Program
3325 Silas Creek Parkway
Winston-Salem, NC 27103
Telephone: (336) 713-7400
FAX: (336) 765-0842
Attention: Therapeutic Day Program Assistant

Child's Name: _____

Dear Teacher:

The parent/guardians of the above named child are interested in admitting their child to the Therapeutic Day Program at Amos Cottage. Your responses to the following questions are an essential component to the evaluation for admission, and will be greatly appreciated.

- A. Basic Information:
1. Name and Address of School: _____ Phone: _____
 2. Hours of attendance: _____ Teacher: _____
 3. Number of students on class: _____ Age Range/Grade: _____
 4. Number of adults (teachers, aides, volunteers) available for supervision of these children: _____
 5. Does this child have an active IEP in place: (If the child has an IEP the program will need a copy of the plan prior to admission.)
 6. What concerns do you have of this child at the present time? Please list in order of concern:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____

Was a SAT referral initiated, _____ yes _____ no
(Please provide a copy of any referrals made to the SAT Team)

For School Age Children the following documentation/plans will need to be provided to the program to further support admission.

What interventions have been implemented to address the above noted behaviors and found unsuccessful (e.g., Functional Behavioral Assessment, Functional Behavioral Plan, Individual Education Plan, 504 Plan, behavior plans). Please provide the program a copy of these interventions verifying implementation along with this document. (Note comments below)

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For Pre-school age children the program will need documentation detailing specific behavioral interventions that were implemented and found unsuccessful. This documentation is needed to further support admission. These may include interventions suggested by the 'Behavioral Specialist'/Work Family Resource/Smart Start. Please provide the program a copy of these interventions verifying implementation or note the interventions below:

7. What contact have you had with the parent(s)?

8. Has the child received a developmental evaluation? (If yes, who performed the evaluation.)

B. Individual Performance Skills: Please check appropriate column

	Yes	No	At Times	Unknown
1. Gross Motor Skills:				
Walks independently				
Runs well				
Stair walking				
Pedals a tricycle				
2. Fine Motor Skills:				
Handedness established				
Can hold pencil/crayon correctly				
Can copy circle				
Drools				
Mouth objects or fingers				
Achieves lip closure				
3. Language/Cognitive Skills:				
Understands simple verbal directions				
Understands two-step commands				
Understands more complex, unrelated directions				
Listens to story with group				
Initiates comments about story				
Answers who, what, when, where				

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questions about story				
Initiates conversation with peers				
Initiates conversation with adults				
Speech is intelligible				
Says only single words				
Says phrases				
Says Sentences				
4. Self-Help Skills: Younger Child				
Feeds self cracker				
Uses spoon; no spilling				
Drinks from cup				
Uses straw				

	Yes	No	At Times	Unknown
Self-Help Skills Continued: Younger Child				
Indicates toilet needs				
Has achieved bladder control				
Has achieved bowel control				
Uses toilet independently				
5. Behavior:				
Able to attend to a task for 1 to 2 minutes				
Able to attend to a task for 3 to 5 minutes				
Able to attend to a task for at least 15 min				
Demands constant 1 on 1 attention				
Can work independently				
Can wait turn				
Can wait for directions				
Fights with other children				
Separates easily from parent				
Has frequent temper tantrums				

Kindly fax or mail this form once completed
 Attention: TDP Program Assistant
 Fax to (336) 765-0842
 Address: 3325 Silas Creek Pkwy
 Winston-Salem, NC 27103

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Comments:

Signature: _____

Title: _____

Date: _____