(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) 713-7497 or (336) 713-7493
FAX: (336) 765-0842
Attention: Therapeutic Day Program Assistant

Child’s Name: ________________________________

Student/School Number: __________________

Dear Teacher:

The parent/guardians of the above named child are interested in admitting their child to the Therapeutic Day Program at Amos Cottage with Wake Forest Health Sciences. 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 IST referral initiated, ______ yes ______ no
   (Please provide a copy of any referrals made to the IST 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)

_________________________________________________________________________

_________________________________________________________________________

Revised 09/05, 09/08, 04/10, 12/13, 9/14
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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).

Please circle the areas of current concern:

**Gross Motor Skills:**
Running  Climbing Unassisted  Pedaling a Tricycle  Jumping with Good Balance
Using Stairs Alternating Feet  Balancing on one Foot  Kicking a Ball
Throwing a Ball Overhead  Catching a Bouncing Ball  Sliding Unassisted
Low Muscle Tone (Hypotonia)  Level of Muscle Rigidity/ Spasticity (Hypertonia)
Excessive Fatigue  Motor Planning

**Fine Motor Skills:**
Holding a Pencil  Copying (Lines/Circles)  Using Scissors  Opening Wrappers

**Self-Help Skills:**
Using both Spoon and Fork to Eat  Toileting Independently
Undressing Independently  Dressing Independently
Washing and Drying Hands Independently

**Strength and Muscle Tone:**
Loses Balance  Clumsy  Can’t Hold Sitting Position on Floor for 5 Minutes
Muscles Too Tight  Muscles Too Loose

**Sensitivities: (Tactile, Smell, Movement)**
Avoids Certain Clothing Items  Avoids Certain Foods and or Smells  Limited Food Repertoire  Wears Clothes Incorrectly  Bothered by Certain Noises (Specify Noise):______________ Reacts Emotionally or Aggressively to Touch

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Has Difficulty Tolerating Closeness of Others  AVOIDS GOING BAREFOOT
BECOMES FRIGHTENED WHEN FEET LEAVE GROUND
Becomes distressed when feet leave the ground

**Seeks Sensation:**
Chews Clothes  Enjoys Strange noises or Makes Noises  Can’t Sit Still/Fidgets
Becomes Overly Excited during Activities  Touches People and Objects
Doesn’t Seem to Notice When Hands or Face are Messy

**Listening Skills:**
Hearing What is Being Said  Difficulty Paying Attention
Easily Distracted by Noise in Immediate Setting

**Cognitive/Learning:**
Understanding Consequences both Positive and Negative
Following and Understanding Rules  Stopping and Thinking Before Acting
Learning New Concepts  Remembering What S/He Has Learned
Distinguishing Between Reality and Fantasy (Understanding What is Real and What is Pretend)

**Attention/Activity Level:**
Overly Active  Low Energy/Underactive  Appears in Own World
Short Attention Span

**Social/Emotional:**
Expressing Feelings Verbally: Happy, Sad, Angry, and Afraid
Naming or Identifying a Friend  Limited Range of Activities/Toys
Odd Intense Interests  Engaging in Cooperative Play
Engaging in Imaginary/Pretend Play  Little Interests in Adults
Little Interest in Peers

**Other:**
Accepts Transitions  Insists on Routines  Difficulty Separating from Family Members
Repeats Questions When Answers are Provided  Appears Worries
Often Complains of Not Feeling Well  Likes Things a Certain Way
Doesn’t Like When Play Items are Moved  Speaks Less in Group Settings
Often Appears Irritable  Mood Changes Frequently  Unaware of Danger
Sleep Problems

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: _________________________________