

Place this Application Portfolio Checklist on top of your completed Application for Admissions Packet and return all documents to:

St. Dominic Savio Academy

PO Box 23716

Tempe AZ 85285

FAMILY INFORMATION

FATHER HOME PHONE ADDRESS	SOCIAL SECURITY # WORK EMAIL
MOTHER HOME PHONE ADDRESS	SOCIAL SECURITY # WORK EMAIL
SIBLING NAME: SIBLING NAME: SIBLING NAME: SIBLING NAME:	AGE: AGE: AGE: AGE:
EMERGENCY CONTACT HOME PHONE ADDRESS	RELATIONSHIP TO CHILD AND FAMILY WORK

STUDENT INFORMATION

STUDENT NAME: DOB: AGE: SEX: M F SOCIAL SECURITY NUMBER: HOME ADDRESS:	
Student's primary diagnosis:	When?
Secondary diagnosis:	When?
Other diagnosis:	When?
Other diagnosis:	When?

MEDICAL INFORMATION

Is the student currently on any medications? YES NO

If YES, please list medications:

TYPE OF MEDICATION	DOSAGE	ADMINISTRATION TIME	PURPOSE

Have there been any recent changes to the student's medication? YES NO

If YES, please explain:

Are there any other medical conditions to consider? YES NO

If YES, please explain:

Student's primary physician: _____ Phone: _____

EDUCATIONAL AND THERAPY INFORMATION

What services is the student currently receiving?

Public school Name of school: _____

Current IEP? YES NO

If YES, please attach the current IEP

Private school Name of school: _____

Current IEP? YES NO

If YES, please attach the current IEP

Preschool/Daycare Name of school: _____

Home school

Early intervention program Services: _____

Other therapies/services

Please describe:

BEHAVIORAL ASSESSMENT

Please list any behaviors that the student has displayed that interfere with learning:

<input type="checkbox"/> Attention seeking behaviors	<input type="checkbox"/> Self-injurious behaviors
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Whine/Cry/Yell
<input type="checkbox"/> Self stimulatory behaviors	<input type="checkbox"/> Escape (running away)
<input type="checkbox"/> Noncompliance	<input type="checkbox"/> Property destruction

Please describe any behaviors marked above:

Frequency (how many times per day/week):

When is the behavior **most** likely to occur?

When is the behavior **least** likely to occur?

How are you currently dealing with the behaviors?

STUDENT LEARNING ASSESSMENT

Please complete the following form regarding your students current skill levels.

<p>COOPERATION IN INSTRUCTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always avoids work <input type="checkbox"/> Looks at reinforcing items when presented <input type="checkbox"/> Will allow reinforcers to be removed <input type="checkbox"/> Enjoys multiple reinforcing items/activities <input type="checkbox"/> Can engage in 5 responses without escape <input type="checkbox"/> Can work for 1 minute without negative behaviors <input type="checkbox"/> Can work for 5 minutes without negative behaviors <input type="checkbox"/> Can work for 10 minutes without negative behavior <input type="checkbox"/> Task completion is reinforcing 	<p>SOCIAL INTERACTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes little/no attempt to interact with others <input type="checkbox"/> Is appropriate when near peers <input type="checkbox"/> Shows interest in the behaviors of others <input type="checkbox"/> Makes good eye contact with adults/peers <input type="checkbox"/> Takes turns with peers <input type="checkbox"/> Initiates greetings with others <input type="checkbox"/> Returns greetings with others <input type="checkbox"/> Approaches and attempts to interact
<p>IMITATION SKILLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> No imitation of others movements <input type="checkbox"/> Motor imitation such as rolling a car <input type="checkbox"/> Imitates gross motor movements <input type="checkbox"/> Imitates arm and hand movements <input type="checkbox"/> Imitates foot and leg movements <input type="checkbox"/> Imitates head movements <input type="checkbox"/> Imitates mouth and tongue movements <input type="checkbox"/> Imitates the speed of a motor movement <input type="checkbox"/> Imitates a sequence of actions 	<p>FUNCTIONAL SKILLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is not toilet trained <input type="checkbox"/> Needs assistance dressing <input type="checkbox"/> Needs assistance in feeding <input type="checkbox"/> Can eat some foods independently <input type="checkbox"/> Can use spoon/fork with assistance <input type="checkbox"/> Can independently feed self <input type="checkbox"/> Can stay dry if on a scheduled toilet routine <input type="checkbox"/> Independently uses the toilet <input type="checkbox"/> Independently dresses and grooms self
<p>RECEPTIVE LANGUAGE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shows little/no receptive understanding <input type="checkbox"/> Is selective in receptive compliance <input type="checkbox"/> Follows instruction to do reinforcing activity <input type="checkbox"/> Follows instruction to do simple action <input type="checkbox"/> Receptively identifies items by pointing <input type="checkbox"/> Receptively identifies items in an array <input type="checkbox"/> Receptively identifies body parts <input type="checkbox"/> Selects items when told the feature, function, or class <input type="checkbox"/> Follows multiple component instructions 	<p>CONVERSATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot fill in words from children's songs <input type="checkbox"/> Fills in a few words from songs or phrases <input type="checkbox"/> Answers who, what, where, when, why questions <input type="checkbox"/> Asks who, what, where, when, why questions <input type="checkbox"/> Answers some questions about future or past events <input type="checkbox"/> Answers many academic questions <input type="checkbox"/> Can have a conversation with adults <input type="checkbox"/> Can fill in items when told its feature/function/class
<p>VOCAL RESPONSE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes little to no vocal sounds <input type="checkbox"/> Makes a few speech sounds <input type="checkbox"/> Will sometimes say an approximation of a couple words <input type="checkbox"/> Can imitate some sounds when requested <input type="checkbox"/> Can imitate consonant and vowel blends when requested <input type="checkbox"/> Can imitate any word clearly when requested <input type="checkbox"/> Can imitate 2-word phrases when requested <input type="checkbox"/> Can imitate any phrases when requested 	<p>REQUESTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Only engages in inappropriate behavior to indicate needs <input type="checkbox"/> Will pull, drag, or point to indicate desired items/activities <input type="checkbox"/> Can appropriately request for 2-3 items with prompts <input type="checkbox"/> Can request for many items <input type="checkbox"/> Reliably requests when asked "what do you want?" <input type="checkbox"/> Spontaneously requests for many items with one word <input type="checkbox"/> Requests for many items with 2-3 word phrases <input type="checkbox"/> Often requests using full sentences <input type="checkbox"/> Requests using adjectives, pronouns, prepositions, etc.
<p>LABELING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot label items with sign/vocal <input type="checkbox"/> Can label some reinforcing items <input type="checkbox"/> Can label some common items <input type="checkbox"/> Can label some people <input type="checkbox"/> Can label some actions <input type="checkbox"/> Can label some colors or other adjectives <input type="checkbox"/> Can label some body parts <input type="checkbox"/> Can label some items using yes/no <input type="checkbox"/> Can label items and events using a sentence <input type="checkbox"/> Can label emotions of self and others 	<p>ACADEMICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot identify any letters or numbers <input type="checkbox"/> Can identify some letters <input type="checkbox"/> Can identify some numbers <input type="checkbox"/> Can write some approximation of letters/numbers <input type="checkbox"/> Can identify all letters <input type="checkbox"/> Can identify all numbers 1-20 <input type="checkbox"/> Can identify some sounds of letters <input type="checkbox"/> Can read some words <input type="checkbox"/> Can spell some words <input type="checkbox"/> Can read fluently, spell words, and add numbers

STUDENT REINFORCEMENT INVENTORY

Preferred edible items:

Preferred drinks:

Preferred video or music:

Preferred games or toys:

Preferred outdoor activities:

At home, what does the student spend most of the time doing?

What does student enjoy most about their current educational setting?

In your opinion, what is your student's greatest strength/coolest attribute/neatest quality?

Parent Involvement Agreement

By enrolling in SDSA, all families agree to commit to 6 hours per month of volunteer work at the school site. Parent involvement hours may be completed by parents, grandparents or other family members. Involvement opportunities include the following, and any other opportunities that may arise:

- Office/clerical work
- Classroom involvement
- Organize/run SCRIP program
- Arrange field trips
- General organization (classroom, office)

For families that are unable to make this commitment, an additional \$500 is due at the time of enrollment.

By signing below, I agree to commit to 6 hours per month of parent involvement at SDSA.

Parent signature

Date

Immunization Form
2009-2010 School Year

CHILD'S NAME: _____ DOB _____

FATHER HOME PHONE ADDRESS	SOCIAL SECURITY # WORK EMAIL
MOTHER HOME PHONE ADDRESS	SOCIAL SECURITY # WORK EMAIL
FAMILY DOCTOR PHONE ADDRESS	HOSPITAL PHONE ADDRESS
ALLERGIES	SPECIAL DIETARY CONDITIONS
MEDICAL CONDITIONS	OTHER SPECIAL CONSIDERATIONS

Attach copy of documented immunization record or exemption notice.

Type of Vaccine	Received					
	mo		day		yr	
(DtaP/DTP) Diphtheria, Tetanus, Pertussis	/	/	/	/	/	/
(DT) Diphtheria, Tetanus	/	/	/	/	/	/
(OPC/IPV) Polio	/	/	/	/	/	/
(MMR) Measles, Mumps, Rubella	/	/	/	/	/	/
(Hib) Haemophilus Influenzae b	/	/	/	/	/	/
(Hep A) Hepatitis A	/	/	/	/	/	/
(Hep B) Hepatitis B	/	/	/	/	/	/
Influenza	/	/	/	/	/	/
(PCV7) Pneumococcal	/	/	/	/	/	/
(VAR) Varicella	/	/	/	/	/	/
(TB) Tuberculosis skin test-include results	/	/	/	/	/	/
Other	/	/	/	/	/	/
Other	/	/	/	/	/	/

In case of injury or sudden illness, _____ should be called first. I hereby give SDSA authority to administer first aid if necessary and authority to seek care for my child at any hospital or doctor's office to render immediate aid as might be required at the time for my child's health and safety. It is understood by me that the expense of this service will be accepted by me.

Parent or Guardian Signature: _____