



APPLICATION

SELECT A CAMPUS:

Sherman Oaks Culver City

SELECT A PROGRAM:

After-School Social Skills Group

After-School Enrichment Classes

Part A:

Name: _____

DOB: _____ Age: _____ Gender: _____

Child's Address: _____

Mother/Guardian: _____

Father/Guardian: _____

Address (if different from above):

Address (if different from above):

Phone # (h) _____

Phone# (h) _____

Phone # (w) _____

Phone # (w) _____

Phone # (c) _____

Phone # (c) _____

Email Address: _____

Email Address: _____

Regional Center Affiliated with: _____

Regional Center Case Worker: _____

Case Worker's Direct Phone #: _____

Please list all siblings:

Age _____

Age _____

Age _____

Age _____

School Name: _____

Grade in Sept: _____

Recent Teacher's Name: _____

What type of educational setting does your child attend?

- Regular Ed/Inclusion
- Special Education (part of day)
- Special Education (full day)
- Non-Public Special Ed School
- Private School
- Has a 1:1 aid at school

What other services is your child currently receiving?

Part B:

1. Does your child have any specific diagnoses? **YES** **NO**

If YES, please list each diagnosis, when the child was diagnosed.

DX _____ Age _____
DX _____ Age _____
DX _____ Age _____

2. Is your child on any medication? **YES** **NO**

If YES, Please list medications, dosage & time of administration.

Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____

3. Does your child have any allergies, medical restrictions or physical restrictions? **YES** **NO**

If YES, please explain.

4. Is your child on a restrictive diet (e.g. dairy free, gluten free)? **YES** **NO**

If YES, please explain:

5. Are there foods that your child will not eat? Are there specific food items that trigger behaviors?

Part C:

1. What are your child's main areas of interest and favorite activities?

2. What activities/tasks does your child NOT like to engage in or is restricted from participating in?

3. Please list your child's strengths or special talents (e.g. music, art, building things)?

4. What are your goals for your child while they are involved with Kids Like Me?

5. Please check all of the following behaviors that apply to your child:

Socialization

- Joins in play with other children
- Shares toys and takes turns unassisted
- Responds to adult directions
- Appropriately shows affection to family members and friends
- Touches people in unusual or inappropriate ways
- Does not like to be touched, including affection
- Pushes, shoves, hits, bites, scratches or kicks friends in a group play situation
- Little or no interaction with other children; plays alone
- Attached to specific objects or toys and plays in a highly specific, often repetitious way with these objects
- Participates in pretend play with friends
- Does not look at people when spoken to or when speaking
- Enjoys playing sports
- Initiates play dates
- Does well with transitions

Emotional

- Frequent Tantrums
- Unpredictable Behavior
- Easily Frustrated
- Withdraws from family/friends
- Has a fixed facial expression that appears to lack feeling
- Easily angered
- Regularly screams or screeches
- Unusually fearful
- Does not cry or express emotion, even when in pain
- Does not appear to understand danger
- Difficulty sleeping
- Difficulty with eating
- Impatient and unable to wait for things, even for a short period of time
- Has anxiety

Body Management

- Catches a thrown ball
- Maintains balance when running
- Jumps and lands on two feet
- Frequently trips and falls
- Poor coordination
- Has difficulty climbing, stairs and/or climbing equipment
- Easily places objects in specific areas, pegs; puzzle pieces
- Has difficulty with writing
- Low muscle tone
- Body seems "stiff," as if bending at the waist or joints is very difficult
- Messy when eating most of the time
- Drooling
- Body appears to "fidget" for no reason
- Is able to maintain safe behavior while being transported in a bus

Language and Communication

- Generally gets needs met with words
- Large and expressive vocabulary
- One or two word utterances
- Speech is difficult for most people to understand
- Talks only to family members
- Doesn't appear to understand when adults are speaking
- Has difficulty following directions
- Responds appropriately to simple questions
- Child's response to spoken language is typically not relevant -- "off topic"
- Has difficulty with voice modulation, often speaking in an unusually loud tone
- Unusual voice quality/cadence or whispering

If no language what tools does your child use to communicate? _____

Sensory Systems

- Struggles with bathing and water play at school
- Uncomfortable with seams in socks; tags in clothing; certain types of shoes; "rough or scratchy" fabric

Will not brush teeth, visit the hair salon for a haircut or cooperate during a doctor visit
Generally tactilely defensive, does not enjoy shaving cream; sandbox; finger painting; Playdoh;
sticky substances of any kind
Regularly covers ears to shut out sound or show discomfort with level of stimulation
Rocks back and forth while sitting or standing
Is unable to tolerate loud noises
Puts non-food items in mouth

List any other self-stimulatory behaviors: _____

The School Environment

Cannot sit still during group instructional time
Cannot focus on an activity, easily distracted
The teacher mentions that your child frequently is inappropriate
Cannot work independently
Difficulty solving problems
Difficulty retaining information
Limited general knowledge
Difficulty grasping concepts presented by adults
Cannot consistently generalize information
Can think abstractly
Wanders from the group

Self-Help Skills

Cleans up after activities
Toilet trained
Can tie shoes
Can wash hands independently
Can eat independently

6. If you have any other information that you feel would be helpful to us, or that you would like us to know, please feel free to add your comments to the area below:

7. How did you hear about Kids Like Me?

Please return the completed application to:

The Help Group
Attn: Nicole Webb
13164 Burbank Blvd
Sherman Oaks, CA 91401

Fax: (818) 786-0094

Applications can also be e-mailed directly to nwebb@thehelpgroup.org

For Questions, please call (818) 778-7136

**** All children must be interviewed and accepted into all Kids Like Me programs.**

Authorization and Agreement

"I authorize investigation of all statements contained in this Application to the Kids Like Me program as may be necessary in arriving at an admission decision. In the event of admission, I understand that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission."

Parent/ Legal Guardian

Parent/ Legal Guardian