

1. Application Packet Cover sheet *(Please print)*

Child's Name _____ Address _____

D.O.B. _____

Contact information: Home phone: _____

Parent/Guardian 1 _____ Address _____

Cell phone: _____ Work phone: _____

Email address: _____

Parent/Guardian 2 _____ Address _____

Cell phone: _____ Work phone: _____

Email address: _____

Please make sure all items are checked and included before you send the finished Application Package

__ 2. Characteristic and Behavioral Statement

__ 3. Photo (of child alone or with family)

__ 4. Video (15 minutes showing the child at normal play, stimming, and also during a "meltdown")

__ 5. Family Commitment Letter

__ 6. School Commitment Statement by Family

__ 7. Script from Primary physician

__ 8. 5 day Log (5 days in a row including the weekend)

__ 9. School Policy Statement

__ 10. Veterinarian reference

__ 11. 3 Letters of Reference (sealed)

_____ Letter from must be from a Therapist or ABA on office letterhead

_____ Letter of reference 2

_____ Letter of reference 3

__ 12. Any additional information you would like to add.

The information attached to this application is correct to the best of my knowledge.

Signature _____ Date _____

Print Name _____ Relationship to child _____