

# ENROLLMENT PACKAGE

For Autism

and

Other Related Disabilities

590 NW Peacock Blvd. Suite #4 Port St. Lucie, FL 34986 772-905-8096

Student's Name:	colved:LL	
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# **Areas:**

☐ Family Information	
☐ Student Information	
☐ Medical Information	
☐ Educational and Therapy Information	
☐ Functional Behavioral Assessment	
☐ Student Learning Level Assessment	
☐ Student Reinforcement Inventory	
☐ Student Narrative	
☐ Expectations	
☐ Supplemental Information	War Related

Date Received: ----/----/

## **Family Information**

Parent/Gua	ardian Name					POSIT JOSEP
		First	M.I.	Last		Relationship to child
Home Addre	ess		FG. 1	IV 188	TEL AT THE	878 U
	Address		City	St	Zip	
Home Phone (_			Work Phone(	)		A.Libert
Call Phana	. efai		7.0			EGULA
Cell Phone(						specific of Amengal supposes.
Parent/Guard	lian Name					den geltt yann vo. 3
		First		Last		Relationship to child
Home Address						
	Address	Cit	Pipergold in the l	St Zip		złace <sub>(jim</sub> 7) jako
Home Phone	()		_Work Phone()		<del></del>	
Cell Phone (_	)	Е	-Mail Address	***************************************		
SS# of Parent	Filing McKay:					
	-irst		Last	Age		
Sibling Name						
	First		Last	Age	•	
Sibling Name _					1:	
	First		Last	Age		

## **Student Information**

Student Name					DC	DB	Age	THE CANAL STATE
First	Middle		Last					
lickname		Sex:	M	F	SS#			
lome Address				4.7.25				Lane 19 mg
Address					,		State	Zip
Student's Primary Diagnosis					_Date of Diagnosis			
Secondary Diagnosis					_Date of Diagnosis		an- 4	naib au d\u00e4a era
Other Diagnosis			2444		_ Date of Diagnosis			
Other Diagnosis	QL QL				_ Date of Diagnosis		225,759	santhiA om
					ar a bbA liew ?			
Annual ages participated by Annual Property Annual	nuvador monorew							

Medical Information				
Does the Student have any a	illergies? YES NO			74 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10
If so, please list/explain I	below:	Please list any special die	tary needs/concerns:	
			consist works.	
	<u>(*)</u> 99. 1	.102 17,03	SharkS	
Is the student currently on a		sakto (" teotick (")	10 stephors	
Type of Medication	Dosage	Administration Time	Purpose	
	[7] 93/me	0 0 and [] and	ohgréi	
If yes, Please explain			aycar c Narw deruga	Gralar relevit
Has the student ever been ac If yes, Please explain		ment center? YES NO		
	D Aves with paging as	and our to control		- luones amobi
Are there any medical conditi		ring ABA services? YES NO		
				ori i mer
Are there any other medical t		S NO		

Student's Primary Physician \_\_

# **Educational and Therapy Information**

Please list the service	s the student is currently	receiving (or the last attended):	
Public School (K-12)	School Name		County
	Grade	ESE Current IEP	
Sei	rvices: OT PT	SPEECH OTHER:	me soudest especially suggest and concurred st
Private School (K-12)	School Name	101.00 at 100 at	County
	Grade	ESE Has Current IEP	
Se	rvices: OT PT	SPEECH OTHER	ava chero been an incrembellanges or moderat yes, Fransis explain
Pre-School or Dayca	re Name of Program	OHS 23V Systems within depth of the	siason a cultimini e need tuve toebun sitte
Home School	Provided by School	Provided by Therapist Prov	vided by Parents
Early Intervention P	rogram Services:		e here any oradice conditions to consider wir
Other Therapies or	Previous Services:		distaye \$2,0th 30\
			chare any other manner treatment intervent
A MARINE TO A TO			

#### **Functional Behavior Assessment**

Please list the student's behaviors that interfere with learning or make them less successful at home: ☐ Attention Seeking Behaviors ☐ Non-Compliance ☐ Whine/Cry/Yell ☐ Physical Aggression ☐ Self-Injurious Behaviors ☐ Property Destruction ☐ Self-Stimulatory Behaviors ☐ Throwing/Dumping Objects ☐ Elopement/Running Away Please describe these behaviors: Please describe the frequency of these behaviors (How many times per day/week, etc.)\_\_\_\_\_ Are there situations where the behavior is most likely to occur? Are there situations where the behavior is <u>least</u> likely to occur? How are you currently dealing with the behaviors?

#### Functional Behavior Assessment

Ti Tinkical Aggression		
	elected gain and Againment.	
Please describe that a quency of the	est Schavlors (How man, direct per day)	
Are there situations where the behav	eyon is group their to occur?	
An their site atters where the beha	Frior hilling to recur?	
Row are you use entry dealing with the		