

## The I CAN Academy Application

Please attach a  
recent photo  
of your child.

Child's Legal Name:

Nickname:

Age:

DOB:

SS:

Home Address:

Home Telephone:

Email:

Father's Name:

Email address:

Occupation:

Work Phone:

Cell Phone:

Mother's Name:

Email address:

Occupation:

Work Phone:

Cell Phone:

Home Language:

Bilingual: ( ) yes ( ) no

Sibling Name:

Age:

School:

Does your child have a formal diagnosis?

( ) yes ( ) no If yes, by whom?

Age when diagnosed?

What is your child's formal diagnosis? (if more than one, list all)

Has ABA therapy been recommended?

If yes, by whom?

Describe:

Do you currently have a private therapist or home program?

Pediatrician Name:

Phone Number:

Schools Previously Attended:

School Presently Attending:

How did you hear about our school?

Please provide two school references:

Name:

Name:

Phone:

Phone:

Relationship to Child:

Relationship to Child:

List Current Therapies and Mandates:

Speech	YES	NO
Occupational	YES	NO
Physical	YES	NO
Feeding	YES	NO
Vision	YES	NO
Other (Please Specify)	YES	NO

SAFETY CONCERNS:

Does your child hurt him/herself?      YES      NO

Does your child hurt others without obvious reason? YES NO

List any safety concerns for your child in your house:

List any safety concerns for your child outdoors:

#### MEDICAL INFORMATION:

Does your child take any medication? YES NO

Name of medication(s), dosage, and frequency:

Please select any medical alerts: ( ) allergies ( ) medications ( ) seizures ( ) other

Comments:

#### PREFERENCES AND MOTIVATION:

List three activities your child enjoys doing:

List your child's favorite toys/books/games/characters:

Does your child show pleasure in pleasing adults? YES NO

Does your child enjoy social praise, such as compliments? YES NO

Does your child show you when they finish a project/task? YES NO

Does your child enjoy being on their own? YES NO

#### ATTENTION AND ENGAGEMENT:

Does your child respond with distractions in the room? YES NO

Does your child follow 1-step directions? YES NO

Does your child follow 2-step directions? YES NO

Does your child have trouble remembering past events? YES NO

Does your child forget parts of his/her daily routine? YES NO

#### SOCIAL SKILLS AND PLAY SKILLS:

Does your child seek social interaction with adults? YES NO

Does your child seek social interaction with peers?	YES	NO
Does your child seek social interaction with siblings?	YES	NO
Does your child play with other children?	YES	NO
Does your child talk to other children?	YES	NO
Does your child play with toys?	YES	NO
Does your child use imaginary play?	YES	NO
Does your child take turns when playing?	YES	NO
Which social skills would you like to see addressed?		
Which play skills would you like to see addressed?		

#### IMITATION:

Does your child imitate movement demonstrated for them?	YES	NO
Does your child imitate words when told to do so?	YES	NO

#### SPEECH AND LANGUAGE:

Does your child identify objects?	YES	NO
Does your child use words to describe objects?	YES	NO
Does your child understand simple sentences?	YES	NO
Does your child speak in simple sentences?	YES	NO
Does your child understand complex sentences?	YES	NO
Does your child speak using complex sentences?	YES	NO
Does your child use language to request objects?	YES	NO
Does your child use language to greet people?	YES	NO
Does your child use language to answer WH question?	YES	NO
Does your child follow directions with a delay?	YES	NO
Can they retell an event/relate an experience?	YES	NO
What are the main concerns about your child's speech?		

#### ACADEMICS:

Does your child identify or label colors? YES NO

Does your child identify or label shapes? YES NO

Describe your child's reading abilities (alphabet, sight words):

Describe your child's math skills (numbers, counting):

#### BEHAVIOR:

Does your child demonstrate any stereotypic (repetitive or ritualistic) behaviors?

YES NO

Describe and write how often.

Does your child obsess over specific topics, people, or objects? YES NO

Please Describe

Does your child have trouble with transitions? YES NO

Please Explain

Does your child have trouble with changes in routine? YES NO

Please Explain

Does your child have trouble with changes in routine even with advance notice? YES NO

Please Explain

Does your child have fears of any specific objects, animals, places, or people? YES NO

Does your child engage in any tantrums that you think are not age appropriate or very challenging? YES NO

Does your child engage in self-injurious behaviors? YES NO

Describe and write how often.

Does your child engage in aggressive behaviors?      YES      NO

Describe and write how often.

Please attach copies of evaluations or progress reports as well as the most recent IEP.