



311 N. Orange Street New Smyrna Beach, FL 32168

Phone: (386) 402-4460 Fax: (386) 957-3637

Email: info@upwardtrendacademy.com Website: www.UpwardTrendAcademy.com

Dear Parent/Guardian,

Thank you for considering Upward Trend Academy for your child! We're thrilled at the prospect of getting to know your child and providing a safe, fun environment to foster their success. Our goal is to help your child achieve milestones beyond imagination, giving you plenty of reasons to celebrate.

Our commitment to excellence lies in delivering top-notch services with unwavering ethical treatment for our students. We work diligently, always keeping the needs of our students in mind and going the extra mile to ensure their success.

To start the enrollment process, there's a \$50 application fee, covering the processing of our application and an initiation review of your child's information. This step helps us determine if more details are needed or if scheduling an educational assessment is in order.

The next stage involves scheduling an education assessment with our school directors. This \$150 evaluation includes a 1:1 30-minute session to identify your child's current educational needs, a thorough review of relevant data, and a family meeting to discuss concerns, goals, and appropriate placement. The assessment is crucial in determining the best pathway within our school for your child, ensuring academic, social, and behavioral benefits upon acceptance.

Please make sure to provide a clear email address and phone number in your application packet. We look forward to the opportunity to support your child's growth and development at Upward Trend Academy.

Thank You,

Dr. Amy Michaelis, Ed.D., BCBA

Lindsay Strausbaugh, M.Ed., BCBA



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Upward Trend Academy School Intake Packet

Child's Name: _____ Child's Age: _____ Child DOB: _____
Phone Number: _____ Parent Email: _____
Insurance Provider: _____ Policy Number: _____

Please give us a short synopsis of a child's medical history and early developmental history.

Administrative Use:

Date Application received: _____
Received by: _____

Upward Trend Academy Programs & Pathways

Please specify the area you would like to enroll your child.

** Let us know if you would like more information about any other services we offer.

- School Program (K-12)
- After School Program
- Tutoring
- IEP Advocacy
- Assessment & Consulting
- 1:1 ABA Therapy
- Social Skills Groups



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Early Intervention Program

Each child will receive Applied Behavioral Analysis services that are funded through insurance. Functional Behavior Assessments and other analytic assessments are conducted to find what milestones your child needs to work toward. An individual behavior-based plan will be designed for your student. Each student will spend their day with intense early intervention. Our early intervention classroom is set up based on valid early childhood classroom requirements to allow students to learn skills in a natural environment. The staff-to-child ratio is 1:1 for children under 6. Please note, if you are applying for our early intervention path, this is not the right paperwork.

The Educational Paths (School Program)

Upward Trend Academy will utilize multiple Education Paths that address student deficits and needs directly. Path classification will be based on data review, parent input, and information gathered from our educational assessment, for children ages five and older by September 1st.

- **Developmental Path:** This is a half-day program for students with significant cognitive and functional delays. Their IQs are below low average. Students on this path receive instruction on language, pre-academic, and functional daily living skills, prerequisites to higher concepts. They engage in a full day of developmental skills targeted for everyone, and as they reach beginning developmental milestones, they transition into academic foundations.
- **Transitional Path:** This path is for our learners who are entering secondary grades and continue to need explicit instruction in language and vocabulary. Many of our students in this pathway benefit from a smaller ratio and support to stay focused in the classroom.
- **Blended Path:** This path is for students between the Developmental and Foundational pathways. These students are ready for the next step but would still benefit from a smaller ratio and frequent breaks. These students have mastered basic school routines/skills and are prepared to focus heavily on academics in a flexible environment. This pathway engages in full-day developmental and academic skills on an individualized level.
- **Foundational Path:** For students with a learning disability, language disorder, or ADHD. Their IQs are average to above average, but they perform behind their peers. Students on this path engage in a full day of foundational academic-related skills such as reading, writing, math, reasoning, and problem-solving.
- **Upper School Pathway:** For students in secondary grades with a learning disability, language disorder, or ADHD. Their IQs are average to above average, but they perform behind their peers. Students on this path engage in a full day of individualized programming with an emphasis on executive functioning skills, problem-solving, and academics.



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*We cannot provide an exact quote for tuition without formal intake. Estimated tuition ranges between \$11,000 and \$22,000. Students with an IEP are eligible for state-funded scholarships to cover these costs through Step Up for Students. We will work with you and your family to help with the financial obligations. Most families will have minimal out-of-pocket expenses.

A La Cart Services

- **Trainings & Consulting for Local Schools:** The Upward Trend Academy offers behavior consulting and trainings for other schools and businesses. We have this service in efforts to continue and expand to build relationships with school and teachers in the community. We also offer support to teachers in the classroom.
- **IEP (Individual Education Plan) Advocacy:** IEP jargon is technical and can be difficult for parents to understand. Required to sign many documents, schools sometimes take advantage of the parental knowledge gap and parents may be forced into decisions that are not in the best interest of their child. Advocates can help a parent understand the IEP process and attend meetings with families to ensure beneficial outcomes. We can also support and partner with schools to collaborate on new ideas for students.
- **Assessments & Consulting:** Prior to enrollment or tutoring, we encourage families to have us assess their child so we can make data driven decisions for their education. Additionally, we support parents by completing outside assessments in order to get a second opinion on their child's status. This assessment data can help parents determine where their child is currently performing.
- **Tutoring:** We offer tutoring for all students who need additional support in order to help or to help maintain skills. After an assessment is completed, data is analyzed, and a tutoring plan is put together to target areas of needs.
- **Social Skill Groups:** We provide weekly social skill instruction for school aged students who have deficits in social areas. Social skills can include perspective taking, flexible thinking, managing emotions, building empathy, improving communication, problem solving, and team building. Students are grouped by similar ages, needs, and appropriate peer models. Social skill groups are sometimes funded by insurance and private pay options available.
- **ABA Therapy:** Many children benefit from private 1:1 applied behavior analysis therapy. This service is generally funded by insurance. Functional Behavior Assessments and other analytic assessments are conducted to find what milestones and life skills your child need to work towards. A customized plan will be designed for your child and worked on in the therapeutic environment.



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Background Information:

Child's Name: _____ **Date of Birth:** _____

Place of Birth: _____ **Age:** _____ **Male:** _____ **Female:** _____ **Race:** _____

Mother's Name: _____

Home Address: _____

Home Telephone: (_____) _____ **Cell phone:** (_____) _____

Email: _____

Father's Name: _____

Home Address: _____

Home Telephone: (_____) _____ **Cell phone:** (_____) _____

Email: _____

With whom does the child live with? _____

Please list the name(s) of individuals authorized to pick up your child:

Name _____ **Relationship** _____ **Phone #:** _____

Name _____ **Relationship** _____ **Phone #:** _____

Name _____ **Relationship** _____ **Phone #:** _____

Name _____ **Relationship** _____ **Phone #:** _____

Does your child have any medical diagnoses? Yes _____ No _____

If yes, what diagnoses? _____

Diagnosed by: _____ **Age at diagnosis:** _____

What measures were used to diagnose? _____

Have you ever received ABA services before, and if so, for how long? _____

Is your child currently receiving other services (speech, occupational, or physical therapies)?

If no, how often: _____



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HEALTH HISTORY

Check all that apply:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies | <input type="checkbox"/> Seizures | <input type="checkbox"/> Celiac Disease |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Other: _____ | |

If you checked any of the above, please explain in *detail*:

Does your child have any physical restrictions/limitations? _____ Yes _____ No

If yes, please explain in *detail*:

Is your child currently taking any medications? If so, please list them below.

IN CASE OF EMERGENCY

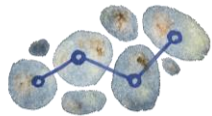
Your child's primary care doctor: _____

Phone number to primary care physician: _____

In case of emergency, we will contact: _____ Phone Number: _____

To the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby permit Upward Trend Academy to seek proper medical treatment for the child named above.

Parent/guardian: _____ Date: _____



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A C A D E M Y

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GETTING TO KNOW YOUR CHILD

Please provide us with some additional information so that we can get to know your student. If there is any other information you would like us to know please fill out at the end of this form in the additional information section.

Identify some of your child’s strengths and challenges that may be helpful for us to know while he/she is attending our school program.

What motivates your child. Please tell us what your student likes and dislikes (activities, foods, items, etc.)?

ACADEMICS

What Grade is the student in: _____ Name of the school: _____

Date Enrolled: _____ Date Absent: _____

What type of classroom is you child currently enrolled in (general ed., self-contained, mild, multi, etc.) _____ Does your child have an IEP? _____

Is your child receiving intervention in school or have they started the PST Process: _____

If yes: _____

What kind of grades is your child making: _____

Courses Taken: _____

Does your child like school? _____



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Does your child like reading? _____ Can your child rhyme? _____

Can your child read fluently, or do they read word for word? _____

How is your child performing in math? _____

Do you have any concerns regarding your child academics? _____

If yes, explain: _____

Additional information about your child's academics.

COMMUNICATION

Do you have any concerns with your child's communication skills? _____

If yes, explain: _____

Is your child's main form of communication

gestures words sign language augmentative communication device other

Would you say your child has average communication skills? _____

Does your child often omit words within a sentence when communicating? _____

Additional information about your child's academics.

SOCIAL SKILLS

Does your child independently interact with peers? _____

Describe your child's current strengths socially? _____

Describe your child's current weakness socially? _____

Do you have any concerns with your child's social interactions with others? _____

Do you have any other information you would like us to know about your child's social skills?

SELF-HELP SKILLS

Is your child able to dress himself or herself without help? _____



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Is your child able to do the following independently:

Toilet shower/bath get dressed brush teeth wash hands eat

Does your child have any issues with sleep? _____

Does your child have any issues with mealtime or food variety? _____

Please provide any other information you would like us to know about your child's self-help skills.

BEHAVIOR

Upward Trend Academy provides the best care for your child. We strive to collaborate and work together to provide the best learning environment for our students. We strive to promote social skills for all children and abilities. Therefore, we must be aware of all behaviors that your child may exhibit. When made aware of these behaviors, we can better prepare the materials and implement strategies to help your child succeed.

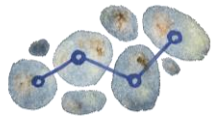
Tell us about your child's behaviors (lack of focus, task avoidance, aggression, elopement, tantrums, etc.).

What events typically trigger problem behaviors (some examples may be asking them to complete a task, losing, telling them they cannot have a toy or activity, periods of low attention when they need to entertain themselves)?

What do the behaviors typically look like (some examples may be crying, laying on the floor, hitting, shutting down, vocal refusal)?

How long do these behaviors typically last? _____

How many times per week does your child typically engage in problem behaviors? _____



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I have reviewed the above information and attest that the information provided on this form is accurate to the best of my knowledge. I give my consent for my child _____
_____ to participate at the Upward Trend Academy.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Primary Phone Number