



115 S. 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 showing interest in Upward Trend Academy for your child. We are excited to get to know your child and offer a fun safe environment that will help your child succeed. We hope to greatly impact your child and help them reach milestones that they (or you) may never have thought possible, and there will be many reasons to celebrate.

Our success is built upon delivering high-quality services and providing unsurpassed ethical treatment to the students we serve. We do this by working hard, thinking about the needs of our students, and doing whatever it takes.

For our school program, we have a \$50 application fee which will allow us to process your application, review information about your child, and determine if more information is needed and/or if scheduling an Educational Assessment is applicable.

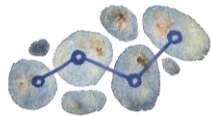
The next step in the process is to schedule an Educational Assessment with our Certified Behavior Analysts/Certified Teachers. The fee for this assessment is \$150 and will include a 1:1 30-minute session to identify current educational needs, a review of data, and a meeting with family to discuss concerns/goals and appropriate placement. The Educational Assessment allows us to determine appropriate placement within our school pathways for your child. It is always our top priority to ensure that students are going to benefit academically, socially, and behaviorally within our program upon acceptance.

Please ensure that your email address and phone number are written clearly on your application packet.

Thank You,

Amy Michaelis, Ed.S., BCBA

Lindsay Strausbaugh, M.Ed., BCaBA



Upward Trend

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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 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.

Early Intervention Program (2-5 years) 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 need to work towards. An individual behavior-based plan is be designed for your student. Each student will spend their day with intense early intervention. Our early intervention classroom is set up based on true early childhood classroom requirements to allow students to learn skills in a natural environment. Staff to child ratio is 1:1. For children under 6 years of age.

The Educational Paths (School Program)

Upward Trend Academy will utilize multiple Education Paths that directly address student deficits and needs. Path classification will be based on data review, parent input, and information gathered from our educational assessment. For children ages 5 years of age and older.

- **Developmental Path:** 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 which are pre-requisites to higher concepts. They engage in a full day of developmental skills targeted for each individual and as they reach beginning developmental milestones they transition into academic foundations.
- **Blended Path:** This path is for students who are 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 ready to focus heavily on academics in a flexible environment. This pathway engages on full day developmental and academic skill on an individualized level.
- **Foundations Path:** For students that have a learning disability, language disorder, or ADHD. Their IQs are average to well 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.

*We cannot provide an exact quote for tuition without formal intake. Estimated tuition ranges between \$10,000 and \$20,000. Students who have an IEP are eligible for state funded scholarships to cover these costs. We will work with you and your family to help with the financial obligations. Most families will have minimal out of pocket expenses.



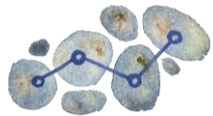
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A La Cart Services

- **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. This service will begin in the 2020-2021 school year.
- **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? _____

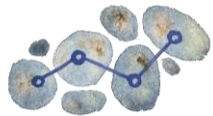
Diagnosed by: _____ **Age at diagnosis:** _____

What measures were used to diagnosis? _____

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

Is your child currently receiving any other services (speech, occupational, 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

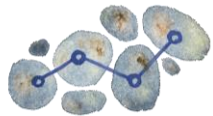
Your child's primary care doctor: _____

Phone number to primary care physician: _____

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

I hereby attest that 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 give permission to Upward Trend Academy to seek proper medical treatment for the child named above.

Parent/guardian: _____ Date: _____



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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 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? _____

Is your child able to do the following independently:



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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 is dedicated to providing the best care for your child. We strive to collaborate and work together in order to provide the best learning environment for our students. We strive to promote social skills for all children and abilities. Therefore, it is important that we are aware of any and all behaviors that your child may exhibit. When made aware of these behaviors, we can better prepare the materials and put in place strategies to help your child be successful.

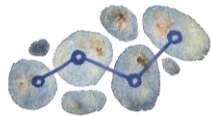
Tell us about any behaviors that your child may exhibit (lack of focus, task avoidance, aggression, elopement, tantrums, etc.).

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 to 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 to the best of my knowledge the information provided on this form is accurate. 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