Admissions Application Packet

Statement of Non-Discrimination

RCS Learning Center, Inc. does not discriminate against otherwise qualified handicapped individuals who seek admission to its specific programs, and for whom RCS Learning Center, Inc. can implement an Individualized Education Plan consistent with its educational and clinical services offered. RCS Learning Center, Inc. reviews all potential candidates for admissions on a case-by-case basis and reserves the right, in their sole judgment, to accept only those qualified individuals who do not pose a significant health or safety risk to themselves or others, which risk cannot be reasonably addressed within its existing services, program and staff structure.

Date of Application: _____

Please complete and mail to: **RCS Learning Center Attn: Director of Admissions**
6 Strathmore Road Natick, MA 01760

Fax to: 508-650-5944 Attn: Director of Admissions

Student General Information

Student's Name: _____
(First) (Middle) (Last)

Nickname: _____ Date of Birth: _____ Age: _____

Gender: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Identifying Marks: _____

Citizenship: _____ Race: _____ Primary Language: _____

Primary Diagnosis: _____

Secondary/Other Diagnosis: _____ Date of Last Physical Exam: _____

Date Initially Eligible for Special Education Services: _____

Date of Most Recent Evaluation: _____ Dates of Current IEP: _____

Date of Next 3-year Evaluation: _____

Name of Current Program: _____

Home School District: _____

Name of Public School Liaison: _____ Telephone: _____

PLACE RECENT PHOTO
OF
STUDENT HERE

Parent General Information

Father's Name: _____
(First) (Middle) (Last)

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Business Name:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Marital Status: _____ **Primary Language:** _____

Mother's Name: _____
(First) (Middle) (Last)

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Business Name:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Marital Status: _____ **Primary Language:** _____

Court Appointed Legal Guardian (if Applicable): _____
(First) (Last)

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Business Name:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Signature of Legal Guardian: _____

Emergency Contact Information Other Than Parent/Guardian

Name: _____
(First) (Middle) (Last)

Relationship: _____ **Address:** _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Medical Information

Primary Physician's Name: ____
(First) (Middle) (Last)

Specialty: ____________________ **Address:** ______________________________

City/Town: ____________________ **State:** ____________ **Zip Code:** ______________

Office Phone: __________________ **Date of Last Physical Exam:** ____________________

Other Specialist Name: ____
(First) (Middle) (Last)

Specialty: ____________________ **Address:** ______________________________

City/Town: ____________________ **State:** ____________ **Zip Code:** ______________

Office Phone: __________________ **Date of Last Appointment:** ____________________

Reason for Evaluation: ____

Other Specialist Name: ____
(First) (Middle) (Last)

Specialty: ____________________ **Address:** ______________________________

City/Town: ____________________ **State:** ____________ **Zip Code:** ______________

Office Phone: __________________ **Date of Last Appointment:** ____________________

Reason for Evaluation: ____

Other Specialist Name: ____
(First) (Middle) (Last)

Specialty: ____________________ **Address:** ______________________________

City/Town: ____________________ **State:** ____________ **Zip Code:** ______________

Office Phone: __________________ **Date of Last Appointment:** ____________________

Reason for Evaluation: ____

Summary of Important Medical Information: Please include allergies
Complete Medical Records are Due Upon Admission

____

____

____

Medical Information (Continued)

Immunizations	**Yes**	**No**	**Year Received**
Diphtheria	☐	☐	
Tetanus	☐	☐	
Pertussis (Whooping Cough)	☐	☐	
Poliomyelitis	☐	☐	
Measles	☐	☐	
Mumps	☐	☐	
Rubella	☐	☐	
Haemophilus Influenzae Type B	☐	☐	
Hepatitis B	☐	☐	
Varicella	☐	☐	

Exams	**Yes**	**No**	**Year Received**
Hearing	☐	☐	
Vision	☐	☐	
Dental	☐	☐	
Hepatitis	☐	☐	
Other: _____	☐	☐	
Other: _____	☐	☐	

Boosters	**Yes**	**No**	**Year Received**
Tetanus	☐	☐	
Polio	☐	☐	
Other: _____	☐	☐	
Other: _____	☐	☐	
Other: _____	☐	☐	

Educational Information: Please give a description of your child's skills within each domain

Section I: Cooperation

Is the child generally cooperative with adults or do they frequently engage in negative behavior when asked to do something?

_____
_____
_____

Does the child require a powerful reinforcer (motivator) in order to comply with teacher/parent requests?

_____
_____
_____

How long can the child engage in age-appropriate work without displaying disruptive behavior? In what settings (i.e. group times, alone at a work table, etc.)?

_____
_____
_____

Section II: Requesting

Does the child ask for desired items (i.e. toys, activities, games, food)? If yes, how (i.e. uses words, pictures, signs, pulls adult toward desired items, etc.)?

_____
_____
_____

How many words, signs, or pictures does the child use to ask for desired items (give an approximate number, i.e. 1-5, 5-10, more than 10)?

_____
_____
_____

Section III: Motor Imitation

Can the child imitate any gross motor movements on request? How many (i.e. just a few, several)?

_____
_____
_____

Can the child also imitate several fine motor movements on request?

_____
_____
_____

Does the child spontaneously imitate any fine or gross motor movements? In what settings?

_____
_____
_____

Educational Information (Continued)

Section IV: Vocal Play

Does the child make any speech sounds? At what rate (i.e. never, low, frequent)?

_____
_____
_____

Does the child say any clear, understandable words? How many?

_____
_____
_____

Section V: Vocal Imitation

Does the child repeat any sounds or words? How many (i.e. a few specific sounds or words, many sounds or words)?

_____
_____
_____

Does the child clearly repeat 2 or more words together, or simple phrases?

_____
_____
_____

Section VI: Matching-To-Sample

Can the child match any objects or pictures to their identical pairs? How many (1-2, 3-5, 5-10 objects or pictures)?

_____
_____
_____

Can the child match colors, shapes, or designs (i.e. block designs) to a sample? How many (less than 5, 5-10, more than 10)?

_____
_____
_____

Section VII: Receptive Language

Will the child follow a few instructions related to daily routines?

_____
_____
_____

Will the child follow a few instructions to perform an action or touch items?

_____
_____
_____

Educational Information (Continued)

Section VII: Receptive Language (Continued)

Will the child follow many varied instructions and point to many specified items, actions, people, or adjectives? How many (less than 10, at least 25, at least 100)?

_____
_____
_____

Section VIII: Labeling

Can the child identify any items or actions using words, signs, or pictures? How many (1-5, 6-15, 16-50, at least 100 items or actions)?

_____
_____
_____

Section IX: Receptive by Function, Feature, and Class

Can the child identify items when given information about them (the function, feature, or class of the item)?

_____
_____
_____

If yes, how many items can the child identify (at least 10 items, at least 25 items, at least 100 items)?

_____
_____
_____

Section X: Conversational Skills

Can the child fill in a few missing words or parts of songs or provide animal sounds when given a cue (i.e. "A cat says ___")?

_____
_____
_____

Can the child answer at least 10 simple questions?

_____
_____
_____

Can the child answer many questions with variation? How many (at least 20, at least 30)?

_____
_____
_____

Educational Information (Continued)

Section XI: Letters and Numbers

Can the child identify any letters or numbers? How many (i.e. at least 3 letters or numbers, at least 15 letters or numbers, all letters and numbers up to 10)?

_____
_____
_____

Can the child read common words? How many (i.e. at least 5 words, at least 10 words, at least 25 words)?

_____
_____
_____

Section XII: Social Interactions

Does the child initiate interactions with adults? How (i.e. physically approaches them, asks adults for desired items, etc.)?

_____
_____
_____

Does the child initiate interactions with peers? How (i.e. verbally interacts with peers with adult prompts, regularly initiates and sustains interactions with peers with little or no adult prompts)?

_____
_____
_____

Section XIII: Self Care

Toileting:

Independently pees	___yes	___no	___sometimes
Independently BM	___yes	___no	___sometimes
Wipes Independently	___yes	___no	___sometimes
Stays Dry at night	___yes	___no	___sometimes
Washes Hands Independently	___yes	___no	___sometimes

Independent Dressing and Undressing:

Underwear	___yes	___no	___sometimes
Socks	___yes	___no	___sometimes
Pants	___yes	___no	___sometimes
Pull-over shirt, button shirt	___yes	___no	___sometimes
Dress	___yes	___no	___sometimes
Shoes	___yes	___no	___sometimes
Belt	___yes	___no	___sometimes
Zipper	___yes	___no	___sometimes
Tying	___yes	___no	___sometimes
Clothes in Hamper	___yes	___no	___sometimes
Hangs up clothes	___yes	___no	___sometimes

Educational Information (Continued)

Section XIII: Self Care (Continued)

Bathing:			
Prepares bath/shower	___yes	___no	___sometimes
Washes own face and body	___yes	___no	___sometimes
Rinses off body independently	___yes	___no	___sometimes
Dries off body independently	___yes	___no	___sometimes
Cleans/ Washes own hair	___yes	___no	___sometimes
Dries own hair	___yes	___no	___sometimes
Washes face not during bath	___yes	___no	___sometimes
Tooth brushing:			
Prepares toothbrush independently	___yes	___no	___sometimes
Brushes all teeth independently	___yes	___no	___sometimes
Rinses mouth (spits)	___yes	___no	___sometimes
Put items away	___yes	___no	___sometimes
Brushing Hair:			
Retrieves brush	___yes	___no	___sometimes
Brushes own hair thoroughly	___yes	___no	___sometimes
Puts brush away	___yes	___no	___sometimes
Independent Eating Skills and Table Manners:			
Drinks from a cup	___yes	___no	___sometimes
Uses utensils (spoon, fork, knife-cut-spread)	___yes	___no	___sometimes
Wipes mouth with napkin	___yes	___no	___sometimes
Wipes hands with napkin	___yes	___no	___sometimes
Sets table	___yes	___no	___sometimes
Clears table	___yes	___no	___sometimes

Parent Expectations

Describe the areas that are a priority for your child.

_____

_____

_____

_____

Describe your short-term goals for your child.

_____

_____

_____

_____

Describe your long-term goals for your child.

_____

_____

_____

_____

Please include any other information that you may feel is beneficial to developing a successful program for your child.

_____

_____

_____

_____

_____

_____

_____