

Kaleidoscope Applied Behavior Analysis

Application for Admission

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

Address: _____

Date of birth: _____

Clinical Diagnosis: _____

Other conditions that apply:

Seizure disorder Allergies Asthma

Other- please specify _____

Father's name/ Legal Guardian _____

Address: _____

Home Phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Employer : _____

Occupation: _____

Mother's name/Legal Guardian _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Employer: _____

Occupation: _____

Parent's Marital Status: Married Separated Divorced Single

Child resides with: Mom Dad _____

Child's Siblings:

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

How did you find out about us?

Pediatrician: _____

Phone: _____

Address: _____

Other treating physician: _____

Specialization: _____

Phone: _____

Address: _____

Number of hours you wish your child to receive weekly:

20 hours __ 25 hours __ 30 hours __

Did your child previously attend school or daycare?

School Name: _____

Program type: _____

Has your child had previous ABA therapy?

Consultant or center name: _____

Phone: _____

Number of hours per week: _____

Duration: _____

Is your child able to go on community outings if appropriate? Yes No

Does your child babble or make speech sounds? Yes No

Does your child point to communicate? Yes No

Does your child injure himself or others? Yes No

Does your child play appropriately with toys? Yes No

Does your child have a good appetite? Yes No

Does your child have an unusual level of activity? Yes No

Does your child dart or run from adults? Yes No

Does your child speak using words or sentences? Yes No

What are some of the goals you have for your child?

What level of commitment are you willing to make at home to help realize these goals? _____

Please know that the child who will benefit most from our intensive behavioral therapy program and maintain new skills is the child whose family supports and generalizes behavioral teaching at home. Applied behavior analysis must be utilized across environments and persons for maximum effectiveness.

A good reference book for parents is A work in Progress by Mc Eachin and Leaf. A copy may be purchased from different roads to learning (difflearn.com).

Parents are expected to be familiar with their child's daily data sheet in order to better teach their child and generalize treatment gains at home. General knowledge of the Assessment of Basic and Learning Skills (Sundberg and Partington) will be helpful in keeping up with your child's program. You may take your child's copy home to study if you desire.

Thank you for giving us the opportunity to help you reclaim your child!

Parent/Legal Guardian: _____

Parent/ Legal Guardian: _____

Date: _____

Please send this application and \$350.00 non-refundable application fee, which is used for the purchase of language cards and a copy of the ABLLS for your child to:

**Kaleidoscope Applied Behavior Analysis
351 West Main Street
Canton, Georgia 30114**

We will notify you of your child's enrollment status promptly.

When your child attends Kaleidoscope a fully refundable enrollment deposit is required upon the start of your child's treatment. This deposit is refundable with 30 days notice of exit date.

Kaleidoscope is a not for profit organization and does not discriminate on the basis of race, religion, age, gender, disability, national origin or marital status in its practices or programs.