The Shafer Center
CREATING OPPORTUNITIES FOR SUCCESS

Application for Admission

Person(s) completing the form _____ Date _____

Client's Information: Child

Last Name _____ First Name _____ Middle Name _____

Name by which your child is called _____

Street Address _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ ☐ Female ☐ Male

Parent / Guardian Information: Parent #1

Last Name _____ First Name _____

Address *(if different from child)* _____

Home Phone Number _____ Cell Phone Number _____ E-mail _____

Work Phone Number _____ Occupation _____ Employer _____

Parent / Guardian Information: Parent #2

Last Name _____ First Name _____

Address *(if different from child)* _____

Home Phone Number _____ Cell Phone Number _____ E-mail _____

Work Phone Number _____ Occupation _____ Employer _____

☐ [Application Fee $50]

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Client's History:

☐ Yes ☐ No Does your child live with both parents?

If not, with whom does your child live?

What languages are spoken in your home?

Briefly describe a typical day for your child.

☐ Yes ☐ No Was your child adopted?

If so, at what age did your child join your family?

☐ Yes ☐ No Does your child know he/she is adopted?

☐ Yes ☐ No Does your child have a history of ear infections?

If so, please describe how frequently (e.g., 1-2 times a year):

Toileting (check all that apply):

☐ Wears pull-ups ☐ Toilet trained
☐ Uses toilet when prompted ☐ Self-initiates

How does your child communicate (check all which apply):

☐ Sign Language ☐ Gestures ☐ Single Words
☐ Short Phrases ☐ Complete Sentences ☐ Non-verbal
☐ Picture Communication Exchange
☐ Augmentative Device (such as a *Go Talk*)

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Educational History:

Where does your child go to school/daycare?

How often does your child attend classes?

☐ Yes ☐ No Does your child currently have a behavior intervention plan?

Please indicate if your child has been diagnosed with any of the following:

Condition	Yes	No	Date of diagnosis & name of professional who gave diagnosis
Autism spectrum disorder	☐	☐	
Asperger's Disorder	☐	☐	
Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)	☐	☐	
Fragile X Syndrome	☐	☐	
Food Allergies	☐	☐	
Sinus Infection	☐	☐	
Convulsions/seizures/Epilepsy	☐	☐	
Head injury	☐	☐	
Apraxia/Dyspraxia	☐	☐	
Dysarthria	☐	☐	
Heart problems	☐	☐	
Hearing Loss	☐	☐	
Vision Loss	☐	☐	
Seasonal Allergies	☐	☐	
Other	☐	☐	

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Please indicate all that apply to your child:

Condition	Yes	No	Remarks
Sleeping Problems	○	○	
Difficulties with feeding	○	○	
Toileting Problems	○	○	
Needs lots of structure	○	○	
Interactive	○	○	
Behavior is difficult to manage	○	○	
Overactive	○	○	
Stays with an activity	○	○	
Generally happy	○	○	
Self-injurious (e.g., bangs head)	○	○	
Injurious to others (e.g., hits, kicks others)	○	○	
Frequent Tantrums	○	○	
Difficulty with transitions	○	○	
Frequently runs/ wanders away	○	○	
Able to be in the community	○	○	
Other	○	○	

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Please list the interventions that your child is currently receiving:

Current Intervention	Frequency (length of session, times per week)	Provider Name and Affiliated Organization
Speech-Language Therapy		
Occupational Therapy		
ABA/AVB		
Psychological or Behavior Counseling		
Physical Therapy		
Educational Intervention/Tutoring		
Others (please specify)		

Please list all previous evaluations that your child has received

Previous Evaluation	Date of Evaluation	Provider Name and Affiliated Organization
Speech-Language Therapy		
Occupational Therapy		
ABA/AVB		
Psychological or Behavior Counseling		
Physical Therapy		
Educational Intervention/Tutoring		
Others (please specify)		

Please attach a copy of all of your child's previous evaluations and reports, including current and previous IEPs, IFSPs, behavior intervention plans, progress reports, diagnostic reports, audiology evaluations, and report cards. Services cannot be initiated until all documentation has been submitted for review.

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Social Skills: Does your child do the following?

Skill	Yes	No	Remarks
Greet others	☐	☐	
Make eye contact with speaker	☐	☐	
Ask for wants/needs	☐	☐	
Share preferred items	☐	☐	
Answer questions	☐	☐	
Maintain conversation	☐	☐	
Initiate conversation	☐	☐	
Seek out the attention of others	☐	☐	
Look at something when another person points it out	☐	☐	
Respond to own name when called	☐	☐	

Independent Skills: Without another's assistance, can your child …

Skill	Yes	No	Remarks
Go to the bathroom	☐	☐	
Play appropriately with toys or remain engaged in an activity for at least:			
• 5 minutes	☐	☐	
• 10 minutes	☐	☐	
• 15 minutes	☐	☐	
Get dressed	☐	☐	
Undress	☐	☐	
Tie shoes	☐	☐	
Feed self	☐	☐	
Pick out clothing for the day	☐	☐	
Walk up/down stairs	☐	☐	

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Please describe your child's play. Please indicate all that apply to your child:

Type of Interests	Yes	No	Remarks
Science Activities	☐	☐	
Computer Games/Video Games	☐	☐	
Books/Reading	☐	☐	
Outdoor/Nature	☐	☐	
Repetitive Play (e.g., lining up items)	☐	☐	
Drawing/Arts and Crafts	☐	☐	
Building/Creating (e.g. Legos)	☐	☐	
Singing/ Listening to music	☐	☐	
Prefers to play with others	☐	☐	
Puzzles/Logic Games	☐	☐	
Exercise/Sports (list in remarks)	☐	☐	
Drama/Acting out stories	☐	☐	
Cooking	☐	☐	
Other	☐	☐	

Please list some of your child's favorite toys, TV shows, movies, games:

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Please let us know in which programs you are interested (please check all that apply):

- ☐ Classroom Programming
- ☐ ABA / VB Therapy
- ☐ Individual Speech-Language Therapy
- ☐ Speech-Language Small Group
- ☐ Occupational Therapy
- ☐ Potty Training
- ☐ Parent Power Series (Free Parent Workshops)
- ☐ Kids' Club (Free Saturday playdate program)
- ☐ Reach for the Stars Program (Saturday program)
- ☐ Best Buds Summer Camp
- ☐ Behavior Consultation Services
- ☐ Connect XYZ Program
- ☐ Bridge Building Program
- ☐ Bridge Blackboard Program

☐ Yes ☐ No Would you like to be added to our mailing list and receive updates about upcoming events such as free parent trainings and open houses?

Who referred you to The Shafer Center? _____

What do you hope to accomplish by utilizing The Shafer Center services?

Please attach a copy of all of your child's previous evaluations and reports, including current and previous IEPs, IFSPs, behavior intervention plans, progress reports, diagnostic reports, audiology evaluations, and report cards. Services cannot be initiated until all documentation has been submitted for review.

Please return the Application for Admission, $50 application fee (checks or cash only), and all attachments to The Shafer Center at :

11500 Cronridge Drive, Suite 130
Owings Mills, MD 21117

P 410-517-1113
F 410-517-2113

Application Checklist:

☐ Application Fee $50 ☐ Diagnostic Reports and Evaluations ☐ IEP/IFSP ☐ Application