

WEST METRO LEARNING CONNECTIONS, INC.

A Center for Social Skills Development and Support

355 2nd St., Excelsior, MN 55331 · Office: (952) 474-0227 x 203 · Cell: (612) 720-0447 · Fax: (952) 474-0249 · dschipper@wmlc.biz · www.wmlc.biz

Dear Prospective Client,

Thank you for your interest in West Metro Learning Connections, Inc. Our mission is to serve children and families with respect and understanding. We seek to provide students with knowledge, awareness, and insights into themselves, including their uniqueness, their gifts, and their needs, and thus provide them with opportunities to reach their potential as competent, confident, successful, and happy people. We are honored that you have chosen to review our registration packet.

Attached you will find forms to complete that will provide us with important information about your child, you, and your family. We would also appreciate receiving copies of your child's most recent assessments, most current IEP, and latest school picture. We keep all information confidential and use it only to make appropriate placement and service decisions for your child.

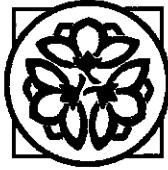
When you are ready to schedule an intake conference, or if you have additional questions, you may call Mary Wyatt at Excelsior at 952-474-0227 Ext. 204. If she is unavailable to answer your call, please leave a voice message.

Best regards,

Debra Schipper

Debra Schipper, M.Ed.
Autism Spectrum Specialist

Enclosures: Confidential – Required
Emerg. Info. – Required
Social Skills Checklist – Required
Parental Goals – Optional
"Taylor Made Games" – Optional
Consent To Release – Optional
Medication Distribution – As Needed



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CONFIDENTIAL CLIENT DATA

Client Information:

Date: _____

Child's Birth Date: _____ Age: _____ Grade in School: _____

Child's Name: _____

Home Address: _____

County: _____ County Case Manager: _____

Send Invoices To: _____

Dietary Restrictions: _____

Father's Name: _____

Mother's Name: _____

Home Phone: _____

Home Phone: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Address: _____

Address: _____

Address: _____

Address: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Where did you hear about West Metro Learning Connections, Inc.?

Medical History:

DSM-IV Diagnosis _____ Date of Diagnosis _____ Current? _____

Most Recent Assessment: Date: _____

GP/Pediatrician Name and Phone: _____

Psychiatrist Name and Phone: _____

Psychologist Name and Phone: _____

All medications child is currently taking and dosage:

1. _____ 2. _____

3. _____ 4. _____

School Information/Educational Identification and Services:

(If we have a current IEP or 504 Plan, you don't need to complete this section.)

___ Autism Spectrum Disorder ___ Emotional/Behavioral Disorder ___ Other Health Impaired

___ Speech/Language Impairment ___ Occupational Therapy ___ Traumatic Brain Injury

ISD #: _____ School Name: _____

School Address: _____ Phone: _____

IEP Manager: _____ Phone: _____

ASD Specialist: _____ Phone: _____

Classroom Teacher: _____ Phone: _____

Comments/Additional Information: _____

If you would like communication between your child's school, physician or social worker, etc. and West Metro Learning Connections; please complete the Consent to Release Private Data Form.



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Centers for Social Skills Development and Support • Established 2001

EMERGENCY INFORMATION

Child's Name _____ Parent/Guardian Name(s) _____

Mom:

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Dad:

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

PCA Hm. Phone _____ Work Phone _____ Cell Phone _____

If parent/guardian is not available contact _____

Relationship _____ Phone Number _____

Doctor _____ Phone Number _____

Hospital _____ Phone Number _____

Dentist _____ Phone Number _____

Insurance Provider _____ Policy/Group # _____

Allergies _____ Dietary Restrictions _____

Medical Conditions _____

Medications* _____

Any restrictions to swimming/water activities? _____

Some WMLC programs may include, but are not limited to, horseback riding, climbing or other activities that involve inherent risk. As the parent/guardian of this child, I recognize the inherent risk that is involved in these programs and agree to hold WMLC harmless from any and all claims. In the event that my child needs immediate medical attention for injuries received while participating in a WMLC program, I authorize WMLC staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed and understand that I am liable for any medical expenses. I agree to the release of this record for treatment, referral, billing or insurance purposes. My child has permission to be transported by WMLC to and from field trips. I authorize WMLC staff to administer syrup of ipecac when instructed to do so by a poison control center. I hereby acknowledge that WMLC will assume that either parent/guardian of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at WMLC that indicates otherwise.

Parent/Guardian Signature _____ Date _____

Photographic Release: I hereby release all pictures of my child taken by WMLC for promotional purposes and programming materials including the WMLC website.

Yes No Initials _____

***If your child will need medication while participating in WMLC activities, it must be provided in the original container with the name and dosage noted.**

355 2nd Street • Excelsior • MN • 55331

Ph 952-474-0227 • Fax 952-474-0249

www.wmlc.biz

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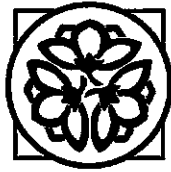
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Social Skills Checklist

This social skills checklist has a variety of uses. Here are a few suggestions:

- Determining a student's strengths and areas for growth in social language
- Developing a student's social language goals
- Evaluating a student's social language progress

	Often	Sometimes	Rarely
Making and Keeping Friends			
1. Introduces self to new people without being prompted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Initiates conversations rather than waiting for others to talk first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ends conversations in a friendly way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Offers to share objects, ideas, and information appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Volunteers to help others without taking power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Admits mistakes and sincerely says, "I'm sorry."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gives sincere compliments to peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Accepts compliments from peers and adults with a simple thank you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitting In At School			
1. Demonstrates good classroom listening behavior with appropriate body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Asks for help at appropriate times in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Says thank you to teachers and peers to show appreciation for help or considerate actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Listens to and follows the teacher's directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Asks questions to clarify statements or gain more information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Participates and stays on task during classroom discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Finishes and hands in schoolwork on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Your Feelings			
1. Recognizes a variety of personal feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses feeling words to describe personal feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Controls anger with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Handles fear constructively rather than becoming immobilized by it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Says positive things to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Self-Control			
1. Responds to strong feelings by cooling off before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintains control when teased by peers or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asks permission before using another's belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Admits mistakes and accepts the consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Listens and responds calmly when wrongly accused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Responsible			
1. Makes a complaint with confidence when things don't seem fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Takes action to deal with hurt feelings when left out by friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Practices good sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accepts no for an answer graciously and goes on to other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Firmly says not to unreasonable or harmful requests of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Finds mutually acceptable solutions to conflicts with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PARENTAL GOALS AND OBJECTIVES

To help us understand your hopes and dreams for your child, please complete this form as completely as possible.

What do you consider your child's greatest areas of strength?

What are your child's areas of need for learning and growth?

Coping Skills (Home): _____

Coping Skills (School): _____

Self-Management: _____

Sensory Regulation: _____

Range of Interest: _____

Behavior Skills: _____

Academic Learning Behaviors:

Organization: _____

Academic Skills: _____

What special interests does your child have that could be incorporated into social and academic learning situations?

What are your child's preferred snack foods?

What sensory issues should we be aware of for your child?

Please share any information you think will help us to know your child and help him/her achieve best results in his/her classes at West Metro Learning Connections:



WEST METRO LEARNING CONNECTIONS, INC.

“TAYLOR MADE GAMES” FAMILY QUESTIONNAIRE
(This form has been modified for use by West Metro Learning Connections, Inc.)

Client’s Name: _____

I. SIBLING ISSUES: Please check all that apply:

- 1. ___ Physical fights
- 2. ___ Disrupt each other’s play (knock over block towers, etc.)
- 3. ___ Pull toys away from each other
- 4. ___ Over protective
- 5. ___ Not allow each other in their room
- 6. ___ Embarrassed to have their friends over
- 7. ___ Go into each other’s rooms without permission
- 8. ___ Vie for parent’s attention
- 9. ___ Break each other’s toys
- 10. ___ Special Needs child ignores neuro-typical child.
- 11. ___ Take each others things
- 12. ___ Chaos in household
- 13. ___ Special needs child’s friends prefer to play with sibling

Other _____
Other _____

Please provide specifics, indicate item number in your response.

II. SENSORY ISSUES - Please check all that apply.

- 1. ___ put fingers in ears
- 2. ___ bump into people
- 3. ___ chew clothing
- 4. ___ sniff things
- 5. ___ bump into things
- 6. ___ hang on to you
- 7. ___ avoid smells
- 8. ___ stare at lights
- 9. ___ need deep pressure
- 10. ___ put fingers in mouth
- 11. ___ turn lights on and off
- 12. ___ throw up
- 13. ___ put objects in mouth
- 14. ___ need to hold something in hand
- 15. ___ picks at sores
- 16. ___ lick their hands
- 17. ___ hum or make other vocal noises
- 18. ___ twirls own hair
- 19. ___ scratches a lot
- 20. ___ wears only velcro shoes
- 21. ___ spins
- 22. ___ gets too close to people
- 23. ___ wear only certain fabrics
- 24. ___ picks nose
- 25. ___ pick skin on lips
- 26. ___ picks skin on cuticles
- 27. ___ touches other’s hair
- 28. ___ refuses to wear tags in clothing
- 29. ___ fascinated by machines (specify) _____
- 30. ___ needs to touch things compulsively
- 31. ___ needs to be scratched or rubbed
- 32. ___ touches genitalia compulsively

Other _____
Other _____

Please provide specifics, indicate item number in your response

III. BEHAVIORS - Please check all that apply. Does your child?

- | | | |
|--------------------------------|---------------------------------|---------------------------------------|
| 1. ___ Spit | 2. ___ Hoard | 3. ___ Put their hands down pants |
| 4. ___ Kick | 5. ___ easily jealous | 6. ___ Put mucus in mouth |
| 7. ___ Hit | 8. ___ Throw food | 9. ___ Touch others inappropriately |
| 10. ___ Bite | 11. ___ Push | 12. ___ Spill things and not clean up |
| 13. ___ Pinch | 14. ___ Trash room | 15. ___ Eat compulsively |
| 16. ___ Pick at (tear) clothes | 17. ___ Take toys from others | 18. ___ Sleep in your bed |
| 19. ___ Break toys | 20. ___ Bolt into street | 21. ___ Fart at inappropriate times |
| 22. ___ Burp in people's faces | 23. ___ Throw toys/other things | 24. ___ Over conforms to rules |
| 25. ___ Clingy | 26. ___ Bullies others | 27. ___ Prefers to be alone |
| 28. ___ Sudden mood swings | 29. ___ Suspicious | 30. ___ Bites fingernails |
| 31. ___ Overdependent | 32. ___ Daydreams/zones | 33. ___ Perfectionistic |

IV. Emotions

- | | | |
|---|--|---|
| 34. ___ Show off/clown around | 35. ___ Talk about killing self | 36. ___ Over-react to criticism |
| 37. ___ Afraid of making mistakes | 38. ___ Swear | 39. ___ Prefer younger children |
| 40. ___ Tell when others are breaking the rules | 41. ___ Difficulty getting homework done | 42. ___ Need demands met immediately |
| 43. ___ Prefer adults | 44. ___ Prefer older children | 45. ___ Tell other people they have bad breath etc. |
| 46. ___ Make comments about people's size | 47. ___ Run away from you(where?) _____ | |
| 48. ___ Cries a lot (about what?) _____ | | |
| 49. ___ whining | 50. ___ too concerned about neatness | 51. ___ denies mistakes |
| 52. ___ easily frustrated | 53. ___ wants constant attention | 54. ___ gets overly excited |
| 55. ___ fails to finish tasks | 56. ___ difficulty initiating activities | 57. ___ blames others |
| 58. ___ inappropriate noises | 59. ___ screams when excited | 60. ___ Inappropriate handling of animals or pets |
| 61. worries a lot (about what?) _____ | | |
| 62. ___ bossy | 63. ___ calls people names | 64. ___ pulls other's hair |

65. ___ paces

66. ___ can't wait in line

Other _____
Other _____

Please provide specifics, indicate item number in your response

V. COMMUNICATION - Please check all that apply. Does your child?

- 1. ___ Give monologues
- 2. ___ Give too many details
- 3. ___ Begin to speak about something, without giving adequate reference
- 4. ___ Become upset if they cannot finish saying something
- 5. ___ Seem to think that everyone knows what he is thinking
- 6. ___ Have difficulty choosing or making a decision
- 7. ___ Have to start at the beginning if interrupted
- 8. ___ Ask repeated questions
- 9. ___ Converse only on topics of interest to them
- 10. ___ Laugh when others hurt themselves
- 11. ___ Trouble losing a gaming
- 12. ___ Upset if they cannot finish a game
- 13. ___ Trouble listening to others ideas
- 14. ___ Doesn't respond
- 15. ___ Blurts out answers
- 16. ___ Inappropriate vocal tone
- 17. ___ Interrupts
- 18. ___ Makes inappropriate noises
- 19. ___ Makes inappropriate comments (specify) _____
- 20. ___ Makes inappropriate sexual comments (specify) _____
- 21. ___ Perseverate on a particular topic (specify) _____
- 22. ___ Take things literally (specify) _____
- 23. ___ Rude
- 24. ___ Doesn't finish a thought
- 25. ___ Trouble beginning a conversation
- 26. ___ Copies bad language used by others

Other _____
Other _____

Please provide specifics, indicate item number in your response

VI. AFFECT

Does your child seem to understand emotions? Please check the first column if you think that they understand each one in themselves and the second if they recognize them in others?

- | | | | |
|---------|--------------|---------|--------------------|
| Self | Others | Self | Others |
| 1.a ___ | b. ___ Mad | 2.a ___ | b. ___ Surprised |
| 3.a ___ | b. ___ Sad | 4.a ___ | b. ___ Bored |
| 5.a ___ | b. ___ Happy | 6.a ___ | b. ___ Embarrassed |

7.a _____ b. _____ Frightened

8.a _____ b. _____ Proud

VII. FEARS

- 1. _____ Dark
- 2. _____ Animals (specify) _____
- 3. _____ Crowded Places
- 4. _____ Noises (specify) _____
- 5. _____ Cartoon or story book characters
- 6. _____ Comic or movie situations (specify) _____
- 7. _____ Being center stage
- 8. _____ Vacuum cleaners other appliances
- 9. _____ Being teased
- Other _____
- Other _____

Please give specifics as to when, where and under what circumstances these occur. Please indicate the number of the item.

PLEASE CHECK THOSE AREAS WHERE YOUR CHILD HAS DIFFICULTIES

- 5. _____ Joining a group
- 6. _____ Giving compliments
- 7. _____ Knowing when and how to give and get assistance
- 8. _____ Accepting compliments
- 9. _____ Giving appropriate criticism
- 10. _____ Accepting feedback
- 11. _____ Incorporating the ideas of others into an activity
- 12. _____ Sharing direction of an activity
- 13. _____ Sharing materials
- 14. _____ Monitoring and listening to others
- 15. _____ Conflict Resolution
- 16. _____ Ending an interaction
- 17. _____ Appropriate behavior and comments to maintain solitude
- 18. _____ Knowing when appropriate comments and actions are required in response to other's circumstances
- 19. _____ Getting along with classmates and neighbors
- Other _____
- Other _____

Please provide specifics, indicate item number in your response

VIII. FAMILY ISSUES

Parent's Marital Status M S W D

Visitation _____

Blended Family _____

Relations with Grandparents _____

Relations with cousins or other extended family _____



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CONSENT TO RELEASE PRIVATE DATA

Client's Name:

Date of Birth: _____

Age: _____ Grade: _____

Parent Name(s):

Client Address:

I authorize WEST METRO LEARNING CONNECTIONS to release information to and receive information from:

Please make a copy now if you need to list additional organizations that don't fit on this form.

School District Name/Address:

Name(s) Of Authorized Person(s):

All regular and special education staff and administration

Phone Number / Fax Number

_____ / _____

Clinic/Organization Name/Address:

Name(s) Of Authorized Person(s):

Phone Number / Fax Number

_____ / _____

Clinic/Organization Name/Address:

Name(s) Of Authorized Person(s):

Phone Number / Fax Number

_____ / _____

Records and information to be released include: Academic Records, Behavioral Records, Psychological Reports, Social Work Reports, Special Education Records and Reports, Attendance Records, Teacher, Counselor, Staff, and Administration Observations, Medical Reports, and Funding Options.

I further authorize WMLC staff to **observe client** in his/her school setting at a time determined by parents, teachers, administrators, and WMLC staff.

The purpose of this request is to facilitate therapeutic, educational and co-educational planning.

I understand that this authorization takes effect the day that I sign it and expires _____ or not more than one year from the date of my signature.

I also understand that I may change this authorization at any time. Copies of this authorization will be kept on file at both the organization(s) noted above and at West Metro Learning Connections.

Parent Signature

Month/Day/Year

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