# WEST METRO
## LEARNING CONNECTIONS, INC.

*Developing Social Understanding and Skills Since 2001*

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

355 2nd Street, Excelsior, MN **55331** · **Office:** (952) 474-0227 · **Fax: (952) 474-0249** · www.wmlc.biz
**5215 Edina Industrial Boulevard, Edina, MN 55439 · Office: (952) 322-7922 · Fax: (952) 426**-3293 info@wmlc.biz

# CONFIDENTIAL CLIENT INFORMATION

**Client Information:** Date Completed: ________________

Child's Name:__________________________________________ Male ☐ Female ☐

Child's Birth Date:____________________ Age:______________ Grade in School: __________

*Please * your preferred contact number*
*Please ** your child's permanent address*

*Do you prefer to be contacted by phone* ☐ *e-mail* ☐

**Parent/Guardian 1** Name: ____________________

Home Phone: ____________________

Work Phone: ____________________

Cell Phone: ____________________

Occupation: ____________________

E-mail: ____________________

Address: ____________________

City, State, Zip: ____________________

Relationship to Child: ____________________

**Parent/Guardian 2** Name: ____________________

Home Phone: ____________________

Work Phone: ____________________

Cell Phone: ____________________

Occupation: ____________________

E-mail: ____________________

Address: ____________________

City, State, Zip: ____________________

Relationship to Child: ____________________

**Siblings:**

Name: ____________________ Age: ______ Name: ____________________ Age: ______

Name: ____________________ Age: ______ Name: ____________________ Age: ______

**Emergency Contact:** (This contact must live in the area and be authorized to pick up your child.)

Name: ______________ Phone Number: ______________ Relationship: ______________

**PCA / Nanny / Caregiver Information:**

Name: ______________ Phone Number: ______________ Relationship: ______________

Name: ______________ Phone Number: ______________ Relationship: ______________

**Individuals Authorized to Pick up Your Child** (Please list full legal names and phone numbers)

Name: ______________ Phone: ______________ Name: ______________ Phone: ______________

355 2nd Street, Excelsior, MN 55331 · Office: (952) 474-0227 · Fax: (952) 474-0249 · www.wmlc.biz
5215 Edina Industrial Boulevard, Suite 400, Edina, MN 55439 · Office: (952) 322-7922 · Fax: (952) 456-8053 · info@wmlc.biz

**Safety:** Occasionally we walk to the park, library, pet store, etc. Does your child have a history of elopement? If yes, please describe ___________________________________________________________

Any restrictions to swimming/water activities? If yes, please describe: ___________________________

**For Preschool Children Only (Ages 3-6):**

Please describe your child's current level of potty training. West Metro's policy requires clients to be potty-trained; however, we realize accidents occasionally happen. If your child has accidents, we ask caregivers to remain in the waiting area to assist in the event of an accident: ____________________________

**Medical History:**

Dietary Restrictions:_____________________________________________________________

Allergies: _______________________________________________________________________

Does your child currently have a prescription for an epi-pen? ☐ No ☐ Yes **Clients who require an epi-pen need to have an epi-pen available at WMLC at all times.*

Please List Any Physical Limitations: ______________________________________________

DSM-IV Diagnosis: _______________________________ Date of Diagnosis: ________________

Medical Conditions: ______________________________________________________________

Insurance Provider:__________________ Policy/Group #:_____________ ID #:_______________

**All current medications and dosages:**

1. ____________________________________ 3. ____________________________________

2. ____________________________________ 4. ____________________________________

*If your child will need medication while at WMLC, please complete the Permission to Dispense Medication Form. Please provide in the original container with the name and dosage.*

**School Information/Educational Identification and Services:**

(If we have a current copy of your child's IEP or 504 Plan, you do not 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:________________________________Phone:_________________

IEP Manager: ___________________________________________Phone:__________________

ASD Specialist:__________________________________________Phone:__________________

Classroom Teacher:_______________________________________Phone:__________________

***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.***

**WEST METRO**
**LEARNING CONNECTIONS, INC.**
*Developing Social Understanding and Skills Since 2001*

# CONFIDENTIAL CLIENT INFORMATION

In order to provide the best service possible for your child, please include as much information as possible.

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

**What are your child's preferred interests?**

**What are your child's preferred snack foods?**

**Please describe 3-5 goals you would like your child to work on at WMLC. These can be in any area you choose. Some possible areas might be coping skills at home, coping skills at school, organization, etc.**

**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 WMLC:**

355 2nd Street, Excelsior, MN 55331 · Office: (952) 474-0227 · Fax: (952) 474-0249 · www.wmlc.biz
5215 Edina Industrial Boulevard, Suite 400, Edina, MN 55439 · Office: (952) 322-7922 · Fax: (952) 456-8053 · info@wmlc.biz

## 1. Please check those areas where your child has difficulties

| | | | |
|---|---|---|---|
| Joining a group | | Ending a conversation or interaction | |
| Knowing when and how to give assistance | | Knowing when and how to accept assistance | |
| Accepting constructive criticism | | Giving criticism | |
| Accepting compliments | | Giving compliments | |
| Incorporating others' into an activity | | Accepting differing opinions | |
| Sharing materials | | Sharing preferred items | |
| Resolving conflicts | | Getting along with classmates and neighbors | |
| Following directions | | Monitoring and listening to others | |
| Accepting help | | Helping others | |
| Apologizing | | Accepting an apology | |
| Admitting mistakes | | Appropriate sportsmanship | |
| Other: | | Other: | |

## 2. Please check the areas of communication that apply to your child

| | | | |
|---|---|---|---|
| Give monologues | | Give too many details | |
| Begin speak about something, without giving adequate reference | | Become upset if they cannot finish saying something | |
| Seem to think that everyone know what he is thinking | | Has difficulty choosing or making a decision | |
| Have to start at the beginning if interrupted | | Ask repeated questions | |
| Converse only on topic of interest to them | | Laugh when others hurt themselves | |
| Trouble losing a game | | Upset if they cannot finish a game | |
| Trouble listening to others ideas | | Doesn't respond | |
| Blurts out answers | | Inappropriate vocal tone | |
| Interrupts | | Makes inappropriate noises | |
| Makes inappropriate comments | | Makes inappropriate sexual comments | |
| Perseverate on a particular topic | | Take things literally | |
| Rude | | Doesn't finish a thought | |
| Trouble beginning a conversation | | Copies bad language used by others | |

## 3. Please check the areas that may trigger a meltdown for your child?

| | | | |
|---|---|---|---|
| Bright lights | | Loud noises | |
| Unexpected noises | | Animals | |
| Movies | | Vacuum cleaner / Other appliances | |
| Being told "No" | | Dark places | |
| Crowded places | | Making a mistake | |
| Being teased | | Being center stage | |
| Cartoon or storybook characters | | Being touched | |
| Losing a game | | Not going first | |
| Other: | | Other: | |

What indicators does your child give to signal that he/she is becoming upset and could meltdown?
_______________________________________________________________________________

_______________________________________________________________________________

**4. When escalated please check any of the following behaviors demonstrated by your child?**

| Hit | | Scratch/Pinch | | Spit | |
|---|---|---|---|---|---|
| Kick | | Scream | | Bite | |
| Push | | Swear | | Throw objects | |
| Pull hair | | Misuse property | | Cry | |
| Run | | Shut down | | Becomes defiant | |
| Bully others | | Prefers to be alone | | Other: | |
| Other: | | Other: | | Other: | |

Please describe any other behavior information that may be useful for staff (e.g., frequency, intensity, length of time, etc.) _______________________________________________________________________

_______________________________________________________________________________

**5. Does your child demonstrate any of the following sensory items?**

| Put fingers in ears | | Put objects in mouth | | Gets too close to people | |
|---|---|---|---|---|---|
| Bump into people | | Bump into things | | Need to hold something in hand | |
| Hum or make other vocal noises | | Wear only Velcro shoes | | Picks skin | |
| Chew on clothing | | Requires deep pressure | | Twirls own hair | |
| Touches others' hair | | Picks nose | | Touches genetalia | |
| Other: | | Prefers to be alone | | Other: | |

**6. Does your child seem to understand any of the following emotions?**

For Self For Others

| Mad | | Mad | |
|---|---|---|---|
| Sad | | Sad | |
| Happy | | Happy | |
| Frightened | | Frightened | |
| Surprised | | Surprised | |
| Bored | | Bored | |
| Embarrassed | | Embarrassed | |
| Proud | | Proud | |

## 7. Social Skills Checklist

Please complete the following checklist; WMLC will use this information to help determine your child's strengths and areas for growth in social language. We will also use this checklist to evaluate your child's social language progress throughout their time at WMLC.

| | Often | Sometimes | Rarely |
|---|---|---|---|
| Introduces self to new people without being prompted | | | |
| Initiates conversations rather than waiting for others to talk first | | | |
| Ends conversations appropriately | | | |
| Offers to share objects, ideas, and information appropriately | | | |
| Volunteers to help others without taking power | | | |
| Admits mistakes and sincerely says, "I'm sorry." | | | |
| Gives sincere compliments to peers and adults | | | |
| Accepts compliments from peers and adults with a thank you | | | |
| Demonstrates good listening behavior with appropriate body language | | | |
| Asks for help at appropriate times | | | |
| Says thank you to teachers and peers to show appreciation for help or considerate actions | | | |
| Listens to and follows directions | | | |
| Asks questions to clarify statements or gain more information | | | |
| Participates and stays on task during discussions | | | |
| Finishes and hands in schoolwork on time | | | |
| Uses feelings words to describe personal feelings | | | |
| Controls anger with peers and adults | | | |
| Handles fear constructively rather than becoming immobilized by it | | | |
| Says positive things to self | | | |
| Responds to strong feelings by cooling off before acting | | | |
| Maintains control when teased by peers or adults | | | |
| Asks permission before using another's belongings | | | |
| Admits mistakes and accepts consequences | | | |
| Listens and responds calmly when wrongly accused | | | |
| Makes a complaint with confidence when things don't seem fair | | | |
| Takes action to deal with hurt feelings when left out by friends | | | |
| Practices good sportsmanship | | | |
| Accepts no for an answer and graciously goes on to other activities | | | |
| Firmly says no to unreasonable or harmful requests of others | | | |
| Finds mutually acceptable solutions to conflicts with peers and adults | | | |
| Play with others | | | |
| Notices social cues | | | |
| Need things to happen just as expected | | | |
| Insist on doing things the same way each time | | | |
| Focus on one subject for too much time | | | |
| Change the topic subtly | | | |
| Dominate conversations | | | |
| Engage in reciprocal conversations on non-preferred topics | | | |

Adapted from Room 14 A Social Language Program by Carolyn C. Wilson

WEST METRO
LEARNING CONNECTIONS, INC.
Developing Social Understanding and Skills Since 2001

# PERMISSION AUTHORIZATION

I. <u>AUTHORIZATIONS FOR EMERGENCY PROCEDURES AND HANDBOOK POLICY:</u>
I give permission to West Metro Learning Connections for the following:

1. To take whatever emergency measures are judged necessary for the care and protection of my child while he/she is under the supervision of WMLC.
2. To have my child transported to a local hospital by the local emergency squad (911) if that emergency team deems it necessary. If the emergency services are needed as a result of an accident or injury, I understand that I will be liable for any ambulance or medical charges that may result.
3. I agree to the release of this record for treatment, referral, billing or insurance purposes.
4. To take any emergency measures, such as the ones identified above, before contacting me if it is judged necessary for the care and protection of my child.
5. My child has permission to be transported by WMLC to and from field trips.
6. I acknowledge that I have read and understand all policies and procedures and understand that I am agreeing to abide by all policies and procedures found in the West Metro Learning Connections', Inc. Client Handbook.

My signature indicates that I have read and understand the above permission authorizations, in Section I and that I grant permission as indicated.

PARENT'S SIGNATURE: ____________________________ DATE: ________________
Required

II. <u>PHOTO AND VIDEO AUTHORIZATIONS:</u>
I give permission to West Metro Learning Connections for the following:

1. To take photographs of my child to be used for classroom purposes (class photo album, class projects, etc).
2. To use photographs and/or video of my child at WMLC in publications, communications and promotional materials (e.g. brochures, annual reports, advertisements).
3. To use photographs and/or video of my child on the WMLC website and/or Facebook page.
4. To use photographs and/or video of my child for media purposes (e.g. magazine articles, television news segments).

**<u>Please Note:</u>** You may <u>cross out and initial</u> any area in the section above which you do NOT wish to give permission.

My signature indicates that I have read and understand the above permission authorizations and that I grant permission as indicated until revoked. I understand that photos used in previous publications cannot be revoked.

PARENT'S SIGNATURE: ____________________________ DATE: ________________
Required

**355 2nd Street, Excelsior, MN 55331 · Office: (952) 474-0227 · Fax: (952) 474-0249 · www.wmlc.biz**
**5215 Edina Industrial Boulevard, Suite 400, Edina, MN 55439 · Office: (952) 322-7922 · Fax: (952) 456-8053 · info@wmlc.biz**

# 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

**Please return the completed form to West Metro Learning Connections, Inc.**

355 2nd Street • Excelsior • MN • 55331
Ph 952-474-0227 • Fax 952-474-0249

5215 Edina Industrial Blvd., Suite 400 • Edina • MN • 55439
Ph 952-322-7922 • Fax 952-456-8053

www.wmlc.biz • info@wmlc.biz

© West Metro Learning Connections, Inc.
12/8/2008