



What other parent/guardian are involved in this child's life? \_\_\_\_\_

Please indicate whether there is a separation, divorce, and/or custody that may be pertinent to your child's education?

\_\_\_\_\_  
\_\_\_\_\_

Please list any siblings:

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Please list any barriers or supports that influence the family dynamics, which would include such things as vocational, spiritual, cultural, educational, legal issues or services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the extent of the family's participation in the child's life and support for treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the child's previous school or current school attending:

**Name/Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please list any past or present Consultants, Speech Therapists, Occupational Therapists, or other organization(s) who have worked with or who are currently working with the applicant:

**Name/Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Medical Information**

Primary Diagnosis: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Organization(s) that Diagnosed: \_\_\_\_\_

Professional(s) who made diagnosis: \_\_\_\_\_

Is there a family history of diagnosis? \_\_\_\_ **Yes** \_\_\_\_ **No** If so, please explain: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

If the applicant has a medical condition or allergy, is there an action plan approved by the child's doctor?  
 \_\_\_\_ Yes \_\_\_\_ No **If so, please submit with the child's application.**

Is the applicant up to date on vaccinations? \_\_\_\_ Yes \_\_\_\_ No

**Please provide documentation of vaccinations or medical exemption signed by physician or a formal statement of religious objection.**

Please list current special diets or dietary restrictions: \_\_\_\_\_

Please list if the applicant has any infectious diseases: \_\_\_\_\_

For children older than 12 years of age:

**Do you suspect your child has a problem with drugs or alcohol?** \_\_\_\_ Yes \_\_\_\_ No

**Please list any biological interventions:**

| <u>Intervention</u> | <u>Date Started</u> | <u>Date Ended</u> |
|---------------------|---------------------|-------------------|
|                     |                     |                   |
|                     |                     |                   |
|                     |                     |                   |
|                     |                     |                   |

**Please list current medications:**

**Assessment Information**

| <u>Medication</u> | <u>Dosage</u> | <u>Frequency of Administration</u> | <u>Will Administration During School be Required? If so, when?</u> | <u>Date Started</u> |
|-------------------|---------------|------------------------------------|--|---------------------|
|                   |               |                                    |  |                     |
|                   |               |                                    |  |                     |
|                   |               |                                    |  |                     |
|                   |               |                                    |  |                     |
|                   |               |                                    |  |                     |

Have you ever been to a presentation regarding Verbal Behavior methodology?  
 \_\_\_\_ yes \_\_\_\_ no

If yes, please list the presenter, location of presentation and date of presentation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child currently have a home program? If yes, please describe the type of program, the frequency of sessions, length of sessions and individuals involved in the sessions.

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Please describe your child's current functional communication system (PECS, signs, vocal).

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Please describe your child's current cooperation in teaching situations. What reinforcers are used? How many responses are required before reinforcement is delivered? Does teaching occur at a table or in the natural environment?

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Please describe your child's current receptive repertoire (i.e. responding to name, following 1 and 2 step directions, selecting items when asked).

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Please describe your child's current ability to imitate (i.e. When asked to "Do this", does you're your child imitate). If yes, please describe what types of motor movements your child will imitate (imitation with objects, gross motor imitation).

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Please describe your child's current vocal imitation (i.e. Does your child say a sound, word, or phrase when asked to).

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Please describe how your child currently requests (mands). This includes requesting desired items/activities, actions, attention, information, and stopping undesired activities.

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Please describe your child's current labeling (tacting) repertoire. (i.e. Will your child label items that are present in the environment, etc when asked questions such as "What is it").

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Please describe your child's current ability to talk about things that are not present in the environment (intraverbals). When answering this, think of your child's current level of conversational language.

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### Motivators

What items/activities are most motivating to your child?

Visual Motivators (i.e. TV/movies, computer, video games, wind up toys, tops/spinners, light up toys, picture/pop up books, marble ramps, balloons, glittery/shiny items, lights, gears, etc)

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Auditory motivators (i.e. music, books with sound, whistles, musical instruments, singing)

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Tactile (touch) motivators (i.e. squishy/stress balls, lotion, sand, beans, rice, shaving cream, Playdoh, clay, water play, paper shreds, bendy and stretchy items, bean bags, textured blocks, bubbles, finger painting)

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Kinetic (movement) motivators (i.e. trampolines, inflatable bounce toys, exercise balls, rolling, spinning, jumping, sit and spin, moon shoes, crawling, running, bicycling, wagons, rocking, climbing, crashing, swinging, sliding, being thrown in the air)

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Please list any items/activities that your child dislikes (i.e. loud noises/toys/voices, swinging, tickles, hugs, etc).

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### General Behavior Questions

Does your child accept "no" when he/she cannot have a desired item/activity at the time it is desired? If not, please describe your child's reaction.

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Are you able to remove reinforcing items/activities at home and/or in public? Please describe.

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Does your child wait appropriately? Please describe.

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Does your child demonstrate compliance when asked to follow directions? Please describe.

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Please list (briefly describe) behaviors that your child currently demonstrates that you would like to see continue or increase.

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Please list (briefly describe) behaviors your child currently demonstrates that you would like to see decrease and/or stop.

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### Potty Training

Is your child potty trained? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, does your child ask to use the bathroom independently? Is he/she on a schedule? What is the schedule?

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If no, is this something you would like to address? \_\_\_\_\_ yes \_\_\_\_\_ no

### Eating

Does your child eat a variety of food? \_\_\_\_\_ yes \_\_\_\_\_ no

If no, what types of foods does your child eat?

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Is this something you would like to address? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, in what way?

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### Sleeping

Does your child have any difficulty sleeping through the night? If so, please describe.

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### Goals

Please list short term and long term goals you would like to see your child achieve.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

How do you plan to pay? Cash \_\_\_\_ Check \_\_\_\_ Insurance \_\_\_\_ \*Grant \_\_\_\_  
*Limited availability*

*If you plan to pay by insurance, please list:*

*Insurance provider's name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Policy holder's name:* \_\_\_\_\_ *Policy Number:* \_\_\_\_\_

**\*Please provide a copy of the front and back of your insurance card\***

**PLEASE NOTE:** In order for your child's experience at The Mariposa School to be a success, we ask each family to attend team conferences, and parent workshops so that effective follow through may occur at home. Parents should also read and understand the Verbal Behavior training manual. The child who will benefit the most from enrollment at our school is the child whose parents are supportive of the Verbal Behavior method.

**THANK YOU FOR YOUR INTEREST!**

The undersigned hereby acknowledge that the information contained in this application is accurate in all respects.

PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application with \$100.00 non-refundable application fee to:

The Mariposa School  
203 Gregson Drive  
Cary, NC 27511  
919-461-0600

***The Mariposa School is a non-profit 501(c)(3) corporation.***  
*The Mariposa School does not discriminate based on gender, race or national origin.*