

# Application for a Student Place

At Woodbury

At Rubens Place

(early intervention)

Child's Full Name: _____ D.O.B: _____ Age: _____(years) _____(months) _____ Date of Application: _____
---

Insert colour photograph (head shot only)
--

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

*Please indicate address for mail including invoices and residential address of student by marking an M or R in the left hand margin beside the relevant address.*

In which country was the student born?

Australia .....

Other – please specify .....

Does the student, or their mother/guardian, or their father/guardian speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

	Student	Mother/paren1 Guardian 1	Father/parent 2 Guardian 2
No, English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the student Aboriginal or Torres Strait Islander origin?

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

Current diagnosis: \_\_\_\_\_

Age at diagnosis: \_\_\_\_\_

Other medical conditions or disability diagnoses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Educational Setting and Level: \_\_\_\_\_

\_\_\_\_\_

General Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the applicant previously had an ABA Program: .....Yes  No

Duration From: \_\_\_\_\_ To: \_\_\_\_\_ Average weekly hours: \_\_\_\_\_

Service Provider: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do we have permission to contact your service provider?.....Yes      No

Current treatments / therapies student is receiving:

---

---

---

**Motor Skills** (please comment on your child's level in the following skills)

Gross Motor:

---

---

---

Fine Motor:

---

---

---

**Pre/Academic skills** (please list strengths and weaknesses in letters, reading, Comprehension, numbers, counting, sums etc)

Strengths:

---

---

---

Weaknesses:

---

---

---

## Likes and Dislikes

List your child's preferred activities, interests and reinforcers: \_\_\_\_\_

---

---

---

List activities, situations or objects your child dislikes or finds distressing

---

---

---

List names, ages and schools of siblings

Name	Age	School	Further Information
------	-----	--------	---------------------

---

---

---

---

List all medications, allergies and dietary restrictions in detail including medications administered at home (add page if necessary)

Medication	Purpose	To be administered at school
------------	---------	------------------------------

---

---

---

---

Allergic to	Symptoms	Required action by school
-------------	----------	---------------------------

---

---

---

## Dietary Restrictions

---

---

---

### **Please enclose with this application:**

- Current confirmation of autism diagnosis (within the last 2 years) e.g Psychological or medical report from a specialist in the field of autism
- Processing Fee of \$100.00 either cheque or DDE to:  
**Woodbury Autism Education and Research Limited**  
**BSB: 032053 ACC: 243782**  
*Please use child's name as reference. Please attach copy of receipt.*
- Immunisation certification
- Other relevant reports – Speech, OT, Medical, Educational, ABA, Psychologist
- 20 – 30 minute video of the applicant in an educational setting (i.e in-home ABA program, preschool or current school classroom) and other common structured and unstructured settings

# Information about your Child

More detail will be gathered at the assessment interview

*Please check all that apply*

## Communication

### Speech:

- Is not yet talking.....
- Can indicate basic needs through speech (1 – 2 words).....
- Speaks in sentences.....

### Non Verbal:

- Does not indicate needs in any way.....
- Uses sounds to indicate needs.....
- Uses signs or gestures to indicate needs.....
- Uses visual symbols to indicate needs ( i.e. PECs).....
- Uses voice output device to indicate needs ( i.e. Proloquo2Go).....

### Understanding:

- Understands a few single words (less than 10).....
- Understands simple instructions given in sentences.....
- Understands most of what is said.....

## Sensory Development

Does your child have any specific sensory needs:

Hearing  Vision  Taste  Touch  Smell

Please specify: \_\_\_\_\_

\_\_\_\_\_

**Toileting**

- Not yet aware of toileting needs (still in nappies) .....
- Uses toilet if taken (toilet timed).....
- Indicates need to use toilet but needs assistance.....
- Uses toilet independently.....

**Behaviour**

Engages in aggression towards others (i.e. pinching, scratching, pushing and hitting)

- Adult only.....
- Peers only.....
- Adults and Peers.....

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Engages in self-injurious behaviours.....   
(i.e. head banging, biting part of body, picking at skin)

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Engages in property destruction.....   
(i.e. throws items, shoves items, pushes over furniture, tears items)

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Engages in disruptive behaviour.....  
(i.e. yelling, refusing to work, dropping on the floor)

Please describe

---

---

---

Engages in elopement behaviour.....  
(i.e. running away from adult, trying to escape current environment)

Please describe

---

---

---

Describe in general, specific triggers/causes for any/all inappropriate behaviours  
(i.e. noises, wants something but can't have it, non-compliant, etc)

---

---

---

Describe the typical manner in which you handle your child's inappropriate behaviours  
(i.e. ignore, attempt to calm him/her, give child what they want)

---

---

---

Describe your child's self-stimulatory behaviours (aka stereotype or stimming)  
(i.e. hand flapping, looking out corner of eyes, makes certain noises)

---

---

---



## Social and Play Skills

- prefers to be alone.....
- prefers to be on the fringe of groups of peers.....
- enjoys social interaction with individual peers.....
- enjoys social interactions with individual adults.....
- enjoys social interactions with groups of peers.....
- never plays.....
- plays appropriately alone.....
- plays appropriately near peers (parallel play) .....
- plays appropriately with peers.....
- play is often repetitive.....

## Relationships

- ignores the presence of others.....
- attends to faces of others.....
- makes frequent eye contact with others.....
- anticipates with excitement certain activities.....
- enjoys simple adult led games.....
- enjoys and understands games with rules.....
- has difficulty with changes to routines or activities.....
- engages in pretend play.....

Describe any games or activities your child enjoys doing with adults and/or siblings/peers (i.e. tickles, chase, musical books, Lego)

---

---

---