

Application for a Student Place

At Woodbury

At Rubens Place

(early intervention)

Child's Full Name: _____
Preferred 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/parent1 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"/>

Language Spoken: _____

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: _____

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
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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
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Allergic to	Symptoms	Required action by school
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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)
