



**Dear Family,**

**Thank you for your interest in the Center for Autism Spectrum Enrichment (CASE). Spring Arbor University (SAU) and Jackson Intermediate School District (JCISD) have joined efforts to offer enrichment opportunities for parents and their child (1-9<sup>th</sup> grade) who has Asperger's or High-functioning Autism.**

**CASE will meet weekly on Wednesday afternoons, 4:00-5:45 PM for 12 sessions. Participants will have the opportunity to join in individual and small group activities to enhance social, emotional, and educational development. While the young people are in the activities, parents will meet to discuss ideas of support, current trends, and research. The parent sessions are required and will be facilitated by an SAU faculty member.**

**You and your child are important to us. Our goal is to provide the enrichment activities that will best meet the needs of your child. Help us understand your child by completing the attached application and questionnaire.**

**There is a one time \$10 per child lab fee to help offset the cost of expendable supplies. Lab fee payment is due at the first orientation session. If financial issues are a concern please contact CASE Director, Terri Pardee at 517-750-6319.**

**We look forward to working with your family,**

**The CASE Team**



## I. Biographical Information

Child's Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

School District: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Parent's Name: \_\_\_\_\_  
First Middle Last

Check One: \_\_\_\_\_ Biological \_\_\_\_\_ Step Parent \_\_\_\_\_ Adoptive \_\_\_\_\_ Foster

Home Address: \_\_\_\_\_  
Street City State Zip Code

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
First Middle Last

Check One: \_\_\_\_\_ Biological \_\_\_\_\_ Step Parent \_\_\_\_\_ Adoptive \_\_\_\_\_ Foster

Home Address: \_\_\_\_\_  
Street City State Zip Code

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

What method do you prefer we use to contact you? (check all that apply)  
\_\_\_\_\_ E-mail \_\_\_\_\_ Regular Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work

May we leave a message on an answering machine? Yes / No



**II. Parent Behavioral Assessment** *Please check the appropriate box(s).*

<b>Behavior Descriptions</b>	<b>Past</b>	<b>Present</b>	<b>N/A</b>	<b>Comments</b>
Sensitive to others				
Disruptive behaviors				
Easily excitable				
Difficulty responding to authority				
Excessive lying				
Tantrums/ Raging/Meltdowns				
Stealing				
Creative				
Perfectionistic				
Attention to details				
Easily Frustrated				
Runaway behavior				
Self-injurious behavior				
Verbal aggression				
Physical aggression toward parents/siblings				
Physical aggression to peers				
School refusal				
Cruelty to animals				
Suicidal ideation/threats				
Helpless behaviors/impassivity				
Regressive behaviors				
Cooperative				
Self-care deficits				
Poor social skills with adults				
Poor social skills with classmates				
Listening/following directions				
Social isolation				
Parent/Child conflicts				
Caring				
Poor peer relationships				
Dreams/nightmares/night terrors				
Panic attacks				
Confused/Disoriented				
Hopelessness				
Impulsivity				
Hyperactivity				
Attention/concentration problems				
Other:				



### **III. Significant Family Information**

*To help us better understand your child please provide any relevant information as outlined.*

Who is currently living in the same residence with the child?

Siblings (Name and Age):

Cultural/Ethnic Concerns:

Medical Concerns:

Religious Beliefs/Spirituality:

Social Concerns:

Grief/Loss Concerns (death, moves, recent divorce/separation):

Other Concerns (i.e. custody issues, foster care, marriages):



#### IV. Social Relationships

1. Does your child seek friendships with peers? Yes / No / Unsure
2. Is your child sought out by peers for friendship? Yes / No / Unsure
3. How do others mostly view your child? Leader / Follower/ Isolative / Unsure
4. Who does your child primarily interact with? Same Age / Younger / Older / Unsure
5. Does birth order have any impact on your child? Yes / No / Unsure
6. Describe your child’s interactions with peers: \_\_\_\_\_  
\_\_\_\_\_
7. Describe your child’s interactions with family members/caregivers: \_\_\_\_\_  
\_\_\_\_\_
8. How does your child interact with other adults and/or authority figures? \_\_\_\_\_  
\_\_\_\_\_

*Please check the box that best describes the level of your child for each social skill.*

Skill	Strong	Adequate	Needs Improvement
<b>Starting conversation</b>			
<b>Shared dialogue</b>			
<b>Changing topics</b>			
<b>Ending a conversation</b>			
<b>Eye Contact</b>			
<b>Non -verbal cues</b>			
<b>Keeping Physical Space</b>			
<b>Listening</b>			



**V. Community Resources**

*Please check any community resources utilized by your child/family.*

	Community Resources	Comments
	No community resources utilized	
	Community Mental Health Centers	
	Special Education Classroom (Hours/day)	
	Personal Aid (Hours/day)	
	Outpatient Therapy	
	Occupational Therapy	
	Physical Therapy	
	Speech Therapy	

**VI. Medical Information & History**

*Feel free to write more information on the back if necessary.*

List current medical problems that are under medical treatment.

Condition	Doctor	Phone

List current medications.

Current Medication	Dose	Frequency	Times	Effective?	Side Effects



**VI. Medical Information & History (cont.)**

*Please check the conditions that apply.*

<b>Applicant has:</b>	<b>Yes/No</b>	<b>Type</b>	<b>List Restrictions</b>
Allergies			
Epi-Pen prescribed?			
Asthma			
Dietary Restrictions			
Glasses/Contacts			
Hearing Impairment			
Speech Impairment			
Seizures			
Head Injuries			
Diabetes			
Hepatitis			
Physical Limitations			
Encopresis/Enuresis (inconsistency in bathroom habits)			

Anything else you would like us to know?



## VII. Getting to Know You

*To be completed by child. Parents please help your child as needed.*

Tell us about yourself and those things that are important to you. You may attach additional sheets of paper if necessary.

**Your Name:** \_\_\_\_\_

Nickname: \_\_\_\_\_

1. What is your favorite color? \_\_\_\_\_

2. What is your favorite book? \_\_\_\_\_

3. What are your favorite subjects in school? \_\_\_\_\_

4. What are your least favorite subjects in school? \_\_\_\_\_

5. What are your hobbies or areas of special interest? \_\_\_\_\_

6. Name of a friend: \_\_\_\_\_ How do you know this friend? \_\_\_\_\_

What is your favorite activity to do together? \_\_\_\_\_

7. Complete the following unfinished sentences.

I am really good at \_\_\_\_\_

I really want to be better at \_\_\_\_\_

One success I had was \_\_\_\_\_

In the future I would like to \_\_\_\_\_

8. Who is your role model or hero? What do you like about him/her?





**VII. Getting to Know You (cont.)**

9. What type of music do you listen to?

10. What qualities do you consider important in a friend?

11. Write a description of your family.

12. Why would you like to come to CASE?





**IX. Release of Information**

\_\_\_\_\_ is working with the professionals listed below.  
Child's Name

I/We agree to the sharing of information regarding any academic concerns and in general an open relationship that would benefit my/our child. I/We hereby authorize the discussion and/or release of test scores of any nature, grades, teachers' comments, as well as information and reports of a more personal nature from mental health, physical, occupational, and speech therapists that might be helpful.

It is understood that these reports or discussions will be used only in the furtherance of determining current and future enrichment plans for your student. Such information will remain confidential and shall be used in a manner to insure the protection and safeguarding of all rights provided by law otherwise.

I/We recognize that Spring Arbor University is an educational institute and that information learned from my child may be used for educational purposes. I/We understand that any information used will *always* be unidentifiable.

This authorization shall remain in effect until the student has finished the program or until revoked by me in writing at any time. A photocopy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Parent/Guardian Date

*Please list the information for any services your child is receiving.*

Name	Address	Phone	CASE may contact if needed
1. _____	_____	_____	Y N
2. _____	_____	_____	Y N
3. _____	_____	_____	Y N
4. _____	_____	_____	Y N



## **X. GENERAL AGREEMENT, TERMS, AND CONDITIONS**

1. For purposes of this Agreement, the term “Child” includes the Child, Parent, or Guardian as applicable.
2. The Center for Autism Spectrum Enrichment (CASE) will provide educational and social enrichment services as appropriate utilizing Spring Arbor University students under the supervision of CASE program director and/or designated faculty.
3. Participation in CASE is voluntary and the participants are free to withdraw at any time.
4. CASE is not responsible for transportation to and from CASE. This is the responsibility of the family.
5. Lab fees shall not be reduced or refunded due to withdrawal, dismissal, or absence.
6. Parent/Guardian authorizes CASE to release any necessary medical information to medical professionals as appropriate.
7. CASE and Spring Arbor University are not responsible for personal property that is lost, damaged, or stolen.
8. CASE may terminate this agreement upon five days written notice the parent. CASE may terminate this Agreement without notice if the Child represents a threat to the property, the mental/ physical health, or safety of others.
9. CASE makes no guarantees related to improvement in the child’s functioning.
10. It is understood that CASE is affiliated with Spring Arbor University, as an academic institution, and the family agrees to the use of unidentifiable information for educational purposes including research and/or program planning.
11. CASE will not discriminate in its volunteer practices or in its admission decisions on the basis of race, color, nationality, ethnic origin, creed, gender or socioeconomic status.
12. CASE adheres to all state and federal laws regarding mandated reporting of abuse and neglect.
13. The laws of the State of Michigan shall govern this agreement.



14. No modification of this Agreement, including this paragraph, shall be effective unless embodied in a written instrument signed by the parties hereto. Changes or modifications to these General Terms and Conditions require the signature of the CASE Director.
15. If any provision of the Agreement shall be deemed to be void or invalid in law or otherwise, then only that provision shall be stricken from this Agreement and in all other respects this Agreement shall be valid and continue in full force and effect.

*While CASE understands that emergencies may arise, it is our desire that you and your child will be present at each session. Excessive absences may result in dismissal from the program. If you are unable to attend due to an emergency, please inform us at your earliest convenience.*

**Disclosure Statement:** Your signature indicates understanding of and agreement to the terms of this contract. Signature affirms the application has been completed truthfully, accurately, and not withholding of information regarding the applicant, the contents herein, and the guardian. Any untruths or withholding of information will jeopardize the validity of this agreement and forfeit all fees.

**Applicants:**

Print Child's Name: \_\_\_\_\_

Signed Parent / Guardian: \_\_\_\_\_

**Do Not Sign Below For Administrative Use Only**

The Parties having read and understood the above Agreement, and intending to be legally bound thereby, have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is approved by the Executive Director of CASE.

\_\_\_\_\_  
CASE Director/Designee

\_\_\_\_\_  
Date