



HANDS

Enrollment application

Child History:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Mother's name: _____

Mother's occupation: _____

Father's name: _____

Father's occupation: _____

Referred by: _____

Pediatrician: _____

Child's date of birth: _____

Home phone: _____

Father's business/cell phone: _____

Mother's business/cell phone: _____

Emergency contact (name and number): _____

Does your child have a diagnosis? If so, what is it and when was it made?

**Describe your concerns that have prompted you to contact HANDS, LLC.
When did you first become concerned with your child's development?**

Since you first became concerned with your child's development, how has he or she changed?

Developmental history:

Please provide to the best of your ability the approximate ages at which your child began to do the following activities:

Smile:_____	Crawl:_____
Coo/babble:_____	Stand alone:_____
Roll over:_____	Walk alone:_____
Sit alone:_____	Feed self:_____
Single words:_____	Dress self:_____
Speak phrases:_____	Toilet trained:_____
Speak in sentences:_____	Bowel:_____
Urination:_____	

How does your child communicate?

Crying:_____	Sentences:_____
Sounds:_____	Sign language:_____
Pointing:_____	PECS:_____
Words:_____	Eye gaze:_____
Phrases:_____	Electronic talking device:_____

How much of you child's speech is understandable? Some___ Most___ All___

Does your child have problems:

- Understanding what other say?
- Talking?
- Reading?
- Math?

Does your child have gross motor difficulties? If so, please list

Hand preference? Right___ Left___ Both___ Not sure___

Does you child have any feeding problems? If so, please describe

What foods does your child like?

Is your child on a special diet? If so, please describe

Is your child sensitive to sounds or light? If so, please describe.

Does your child have outbursts? If so, please describe and list what strategies have been used to deal with them.

How would you describe your child?

- Very active
- Sometime active, but can play quietly
- Not active
- Usually happy
- Moody
- Demands attention
- Aggressive towards self and/or others

Describe your child's play/social skills:

What are your child's interests?

What motivates your child?

Schools attended: (school and year(s) attended)

What educational setting is your child currently in?

What special services does your child receive?

**Please list 3 goals that you would like your child to accomplish at HANDS, LLC.
On a scale of 1 to 5 please list your current stress level related to your child at this time (1-no stress 5-extreme stress).**

Thank you for your interest in HANDS,LLC
We look forward to working with your child.

Courtney Dees King, MS, BCBA