



**APPLICATION**

**SELECT A CAMPUS:**

Sherman Oaks  Culver City

**SELECT A PROGRAM:**

After-School Social Skills Group

After-School Enrichment Classes

**Part A:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Address (if different from above):

Address (if different from above):

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

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

Phone # (h) \_\_\_\_\_

Phone# (h) \_\_\_\_\_

Phone # (w) \_\_\_\_\_

Phone # (w) \_\_\_\_\_

Phone # (c) \_\_\_\_\_

Phone # (c) \_\_\_\_\_

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

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

Regional Center Affiliated with: \_\_\_\_\_

Regional Center Case Worker: \_\_\_\_\_

Case Worker's Direct Phone #: \_\_\_\_\_

Please list all siblings:

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

Age \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

School Name: \_\_\_\_\_

Grade in Sept: \_\_\_\_\_

Recent Teacher's Name: \_\_\_\_\_

What type of educational setting does your child attend?

- Regular Ed/Inclusion
- Special Education (part of day)
- Special Education (full day)
- Non-Public Special Ed School
- Private School
- Has a 1:1 aid at school

What other services is your child currently receiving?

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**Part B:**

1. Does your child have any specific diagnoses? **YES** **NO**

If YES, please list each diagnosis, when the child was diagnosed.

DX \_\_\_\_\_ Age \_\_\_\_\_  
DX \_\_\_\_\_ Age \_\_\_\_\_  
DX \_\_\_\_\_ Age \_\_\_\_\_

2. Is your child on any medication? **YES** **NO**

If YES, Please list medications, dosage & time of administration.

Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____
Med _____	Dose _____	Time _____

3. Does your child have any allergies, medical restrictions or physical restrictions? **YES** **NO**

If YES, please explain.

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4. Is your child on a restrictive diet (e.g. dairy free, gluten free)? **YES** **NO**

If YES, please explain:

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5. Are there foods that your child will not eat? Are there specific food items that trigger behaviors?

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**Part C:**

1. What are your child's main areas of interest and favorite activities?

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2. What activities/tasks does your child NOT like to engage in or is restricted from participating in?

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3. Please list your child's strengths or special talents (e.g. music, art, building things)?

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4. What are your goals for your child while they are involved with Kids Like Me?

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5. Please check all of the following behaviors that apply to your child:

**Socialization**

- Joins in play with other children
- Shares toys and takes turns unassisted
- Responds to adult directions
- Appropriately shows affection to family members and friends
- Touches people in unusual or inappropriate ways
- Does not like to be touched, including affection
- Pushes, shoves, hits, bites, scratches or kicks friends in a group play situation
- Little or no interaction with other children; plays alone
- Attached to specific objects or toys and plays in a highly specific, often repetitious way with these objects
- Participates in pretend play with friends
- Does not look at people when spoken to or when speaking
- Enjoys playing sports
- Initiates play dates
- Does well with transitions

### **Emotional**

- Frequent Tantrums
- Unpredictable Behavior
- Easily Frustrated
- Withdraws from family/friends
- Has a fixed facial expression that appears to lack feeling
- Easily angered
- Regularly screams or screeches
- Unusually fearful
- Does not cry or express emotion, even when in pain
- Does not appear to understand danger
- Difficulty sleeping
- Difficulty with eating
- Impatient and unable to wait for things, even for a short period of time
- Has anxiety

### **Body Management**

- Catches a thrown ball
- Maintains balance when running
- Jumps and lands on two feet
- Frequently trips and falls
- Poor coordination
- Has difficulty climbing, stairs and/or climbing equipment
- Easily places objects in specific areas, pegs; puzzle pieces
- Has difficulty with writing
- Low muscle tone
- Body seems "stiff," as if bending at the waist or joints is very difficult
- Messy when eating most of the time
- Drooling
- Body appears to "fidget" for no reason
- Is able to maintain safe behavior while being transported in a bus

### **Language and Communication**

- Generally gets needs met with words
- Large and expressive vocabulary
- One or two word utterances
- Speech is difficult for most people to understand
- Talks only to family members
- Doesn't appear to understand when adults are speaking
- Has difficulty following directions
- Responds appropriately to simple questions
- Child's response to spoken language is typically not relevant -- "off topic"
- Has difficulty with voice modulation, often speaking in an unusually loud tone
- Unusual voice quality/cadence or whispering

If no language what tools does your child use to communicate? \_\_\_\_\_

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### **Sensory Systems**

- Struggles with bathing and water play at school
- Uncomfortable with seams in socks; tags in clothing; certain types of shoes; "rough or scratchy" fabric

Will not brush teeth, visit the hair salon for a haircut or cooperate during a doctor visit  
Generally tactilely defensive, does not enjoy shaving cream; sandbox; finger painting; Playdoh;  
sticky substances of any kind  
Regularly covers ears to shut out sound or show discomfort with level of stimulation  
Rocks back and forth while sitting or standing  
Is unable to tolerate loud noises  
Puts non-food items in mouth

List any other self-stimulatory behaviors: \_\_\_\_\_  
\_\_\_\_\_

**The School Environment**

Cannot sit still during group instructional time  
Cannot focus on an activity, easily distracted  
The teacher mentions that your child frequently is inappropriate  
Cannot work independently  
Difficulty solving problems  
Difficulty retaining information  
Limited general knowledge  
Difficulty grasping concepts presented by adults  
Cannot consistently generalize information  
Can think abstractly  
Wanders from the group

**Self-Help Skills**

Cleans up after activities  
Toilet trained  
Can tie shoes  
Can wash hands independently  
Can eat independently

6. If you have any other information that you feel would be helpful to us, or that you would like us to know, please feel free to add your comments to the area below:

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

7. How did you hear about Kids Like Me?

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

**Please return the completed application to:**

The Help Group  
Attn: Nicole Webb  
13164 Burbank Blvd  
Sherman Oaks, CA 91401

Fax: (818) 786-0094

Applications can also be e-mailed directly to [nwebb@thehelpgroup.org](mailto:nwebb@thehelpgroup.org)

For Questions, please call (818) 778-7136

**\*\* All children must be interviewed and accepted into all Kids Like Me programs.**

Authorization and Agreement

"I authorize investigation of all statements contained in this Application to the Kids Like Me program as may be necessary in arriving at an admission decision. In the event of admission, I understand that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission."

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Parent/ Legal Guardian

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Parent/ Legal Guardian