



# Kids Like Me Application 2015

Contact: Nicole Webb, Program Director 'Kids Like Me'  
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## Applicant Contact Information

Child's Name:		
DOB:	Age:	Gender:
School Name:		Grade in September:
Phone Number:	Recent Teacher's Name:	
Parent/Guardian #1:		Parent/Guardian #2:
Address:		Address:
Phone # (H):	Phone # (H):	
Phone # (W/C):	Phone # (W/C):	
Email Address(es):	Email Address(es):	

Please list all siblings:

\_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_

Regional Center Information:

Regional Center affiliated with: \_\_\_\_\_

Regional Center case worker: \_\_\_\_\_

Case worker's direct phone number: \_\_\_\_\_

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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**Child's Medical Information**

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. Does your child have a history of seizures? **YES** **NO**

If YES, please explain.

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

If YES, please explain.

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

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**Child's Behavior Information**

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 this program?

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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 and 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 the Kids Like Me program?

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## Authorization and Agreement

"I authorize investigation of all statements contained in this Application to the 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."

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**\*\* All children must be interviewed and accepted into the program. We will contact you to set up and an interview time upon receiving this completed application.**

Please return the completed application to:

Nicole Webb, Program Director, 'Kids Like Me'  
The Help Group  
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Sherman Oaks, CA 91401

Fax: (818) 786-0094

For Questions, please call 818-778-7136.