824 Tyler St. Little Rock, AR 72205 ~501-664-2961 Fax 501-664-6208

www.theallenschool.org

Welcome to The Allen School!

Thank you for choosing The Allen School to provide services for your child. Below is some information about our school, the services we provide and what you can do as a parent/guardian to help us provide services for your child. As always, you may contact us with any further questions that you may have before, during, and after enrollment. We look forward to working with your family!

The Allen School

The Allen School is an EIDT (Early Intervention Day Treatment) facility. We provide such services as a developmental preschool, day habilitation, speech, occupational and physical therapy, outpatient therapy, and kindergarten waiver. We have been providing services to the central Arkansas community for over 60 years. Our classrooms have up to 12 students with a Special Education Supervisor, a lead teacher, and 1-2 assistants.

How to pay for services for my child

If your child is enrolled in our day habilitation program, he/she will have to have an active Medicaid account. That can either be AR Kids A, SSI, or TEFRA or a Passe. Medicaid will cover all cost for programming hours for your child. If your child has not previously received services, you need to apply for either one of these. If your child is receiving outpatient services, he/she will have to have either active Medicaid (AR Kids A or B, TEFRA, SSI, or Passe), private insurance (co-pay may be required), or privately pay (call for rates).

How to get services started if my child currently receives services

To qualify for our developmental program, your child must qualify on a developmental evaluation and for one individual therapy such as speech, occupational, or physical therapy. If your child currently receives services from a similar provider, we would simply have to get a referral from their pediatrician, copies of their current evaluations, and for parents/guardians to fill an application and schedule an appointment to fill out enrollment paperwork. Once we have all evaluations a request for a therapy prescription will be sent to your child's pediatrician for those services to be started. You may contact our Service Coordinator to schedule a tour or to see if your child has everything needed to enroll.

How to get services started if my child has never received services

If you have concerns for your child's development, you could call our Service Coordinator and schedule an appointment for a developmental screening. Optum comes to our facility twice a month to provide the screenings to those that have scheduled appointments. Once the screening results are mailed back (both parents/guardians and The Allen School will receive a copy) a referral request for an evaluation prescription will be sent to the child's pediatrician. Once that is returned to The Allen School, the Service Coordinator will contact your family to schedule a time to come in for a full developmental evaluation and an additional individual therapy evaluation determined by the need indicated on the screening. If more than one individual therapy evaluation is warranted, we will complete the others upon enrollment. Once it is determined that your child qualifies for services, we would complete enrollment paperwork and set a start date. Once your child is enrolled and all evaluations are completed a therapy prescription request will be sent to their pediatrician's office and upon return of that, their therapy sessions will begin.

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APPLICATION/SOCIAL HISTORY

Child's Full Name: ______________________ Sex: ____________ DOB: __________
Address: ______________________________ Race: ____________ Age: __________
City/State/Zip: ______________________________________ County: ______________
Child's Social Security Number: ____

Diagnosis: ____
Doctor's name: _________________________ Clinic Name: _______________________
Address: _______________________________________ Phone: _________________
Date of child's last Well Child Check-up: ____

Child's Insurance Coverage: ___ Medicaid ___ TEFRA ___ SSI ___ Passe ____ Pending Application
Medicaid Number/Passe information: ____
Child has private insurance coverage: (If yes, please name the company and provide a copy of insurance card):
_____ NO _____YES ____

1.) Parent/Guardian Name: __________________________ Home Phone: ______________
Address: ______________________________________ Work Phone: ______________
Social Security Number: ___________________________ Cell Phone: ______________
Place of Employment: _____________________________ Relationship to Child: ___________
Email Address: ____

2.) Parent/Guardian Name: __________________________ Home Phone: ______________
Address: ______________________________________ Work Phone: ______________
Social Security Number: ___________________________ Cell Phone: ______________
Place of Employment: _____________________________ Relationship to Child: ___________
Email Address: ____

1.) Emergency Contact—NOT living in same household:
Name: _________________________________ Relationship to child: ______________
Primary phone: ______________________ Alternate phone: ______________________
Address: _____________________________ City, State, Zip: ______________________
Email Address: ____
2.) Emergency Contact—NOT living in same household:
Name: _________________________________ Relationship to child: ______________
Primary phone: ______________________ Alternate phone: ______________________
Address: _____________________________ City, State, Zip: ______________________
Email Address: ____

The Allen School
Application/Social History

FAMILY PROFILE

Please list adults that live in the home with the child:

NAME	RELATIONSHIP	OCCUPATION	LIVES WITH CHILD
1.			☐ YES ☐ NO
2.			☐ YES ☐ NO
3.			☐ YES ☐ NO
4.			☐ YES ☐ NO
5.			☐ YES ☐ NO

Please list siblings:

NAME	AGE	GRADE	SEX	LIVES WITH CHILD
1.				☐ YES ☐ NO
2.				☐ YES ☐ NO
3.				☐ YES ☐ NO
4.				☐ YES ☐ NO

Please share any details pertaining to your child's family dynamic. Has there been someone close to the child that passed away? Has there been a recent divorce/separation? Are there particular custody arrangements for your child? ____

____

____

~ Please note if there are any custody arrangements, restricted visitation, or orders of protection in place, you must provide paperwork before your child is enrolled.

PRESCHOOL EXPERIENCE

Has your child been enrolled in a typical preschool/daycare program? _____________YES ___________NO

If yes, what is the name of the program: ____

Dates enrolled: ____

Has your child been enrolled in a developmental preschool program? ____________YES ___________NO

If yes, what is the name of the program: ____

Dates enrolled: ____

BIRTH HISTORY

Pre-natal care was in the _________ week and was routine/sporadic (circle one)

Name of the hospital and city where your child was born (complete address, if possible).

____

Child was born at ________weeks Birth weight: ___ lbs. ______ oz. Was labor induced? YES NO

Was delivery via c-section? YES NO If yes, please list reason: ______________________________________

Please describe any complications during pregnancy and/or birth for the mother: ________________________
____

Please describe any complications during pregnancy and/or birth for the child: __________________________
____

Please describe any complications for the child after birth: ____
____

HEALTH AND MEDICAL HISTORY

Does your child have any adaptive equipment (i.e., wheelchair, corner chair, stander, etc.) or medical equipment (i.e., tube feeding, oxygen, catheterizations, etc.)? ____
____

Has your child had any feeding or dietary issues? NO YES If yes, please explain: ______________________
____

Is your child on a special diet? NO YES If yes, please explain: ____
____

Does your child have any allergies or restrictions (food, medications, etc.)?
Allergy: ________________ Type of Reaction: _______________________ Type of Treatment: _____________
Allergy: ________________ Type of Reaction: _______________________ Type of Treatment: _____________
Allergy: ________________ Type of Reaction: _______________________ Type of Treatment: _____________
Allergy: ________________ Type of Reaction: _______________________ Type of Treatment: _____________

Please list any prescription medications your child must take, including dosage (if it is to be taken at school, we will need a copy of the current prescription): ____
____

Has your child had any surgeries? Please list type and date of the surgery.: ________________________________
____

Has your child had vision screening/testing: ____NO ____YES When/Date: _____________________
Clinic where the test was given: __________________________________ Results: __________________________

Has your child had hearing screening/testing: _____NO _____YES When/Date: _____________________
Clinic where the test was given: __________________________________ Results: __________________________

Are your child's immunizations up to date? YES NO
If no, does your child have an immunization exemption waiver from the state of Arkansas? YES NO
If yes, is the waiver for all, some, or one vaccine? ALL SOME ONE
If some or one, please list which vaccine the waiver is for: ____

The Allen School
Application/Social History

Please check any of the following in which your child has been diagnosed with or treated for:

DIAGNOSIS	NO	YES	AGE	COMPLICATIONS/COMMENTS
MEASLES				
GERMAN MEASLES				
CHICKEN POX				
WHOOPING COUGH				
MUMPS				
MENINGITIS/ENCEPHALITIS				
ASTHMA				
INFECTIONS				
TUBES IN EARS				
SEIZURES/CONVULSIONS				
ADD/ADHD				
CANCER				
CEREBRAL PALSY				
DIABETES				

Indicate any of the following specialists with whom you have had contact with concerning your child:

SPECIALIST	NAME	REASON	DATES
AUDIOLOGIST			
CARDIOLOGIST			
CASE MANAGER			
DENTIST			
DIETITIAN/NUTRITIONIST			
EAR, NOSE & THROAT SPECIALIST			
GASTROENTEROLOGIST			
NEUROLOGIST			
OCCUPATIONAL THERAPIST			
OPHTHALMOLOGIST			
ORTHOPEDIST			
PHYSICAL THERAPIST			
PSYCHIATRIST			
SOCIAL WORKER			
SPEECH THERAPIST			
SURGEON			

DEVELOPMENT

As compared with typical development, describe your child's development. Please check one for each task.

TASK	NORMAL	SLOW	FAST
Sat alone without assistance			
Began walking without assistance			
Crawled			
Made noises, coo/babbled			

Feeding Skills

SKILL	RESPONSE (please mark yes, no, and at what age)
Child is/was able to finger feed him/herself?	☐ YES ☐ NO At what age____________________
Child is/was able to feed self with a spoon?	☐ YES ☐ NO At what age____________________
Child is/was able to feed self with a fork?	☐ YES ☐ NO At what age____________________
Child is/was able to drink independently from a cup?	☐ YES ☐ NO At what age____________________
Child was weaned off the bottle without issues?	☐ YES ☐ NO At what age____________________

Does your child have trouble with any of the following?

SKILL	RESPONSE (please mark yes or no)
Sucking a bottle	☐ YES ☐ NO
Swallowing	☐ YES ☐ NO
Biting	☐ YES ☐ NO
Aspirating	☐ YES ☐ NO
Chewing	☐ YES ☐ NO

Does your child have trouble with any of the following? (Please check all that apply)

Daytime naps ________	Falling asleep at night ________	Staying asleep at night _______

Toileting Skills (Please check any that apply):

SKILL	RESPONSE (please choose the correct response)
Child takes care of toileting needs:	☐ Independently ☐ With Assistance ☐ Not at All
Child stays dry at night:	☐ Always ☐ Sometimes ☐ Not at all ☐ With no issues
Child is completely toilet trained for which:	☐ Bladder ☐ Bowel Movements ☐ Both ☐ Not Yet

Does your child respond to any of the following? (Check all that apply)

☐ Doorbell ☐ Footsteps ☐ Speech ☐ Phone ringing ☐ Hand claps ☐ Soft/loud vibrations ☐ None

Do you suspect hearing loss? ☐ YES ☐ NO

Do any family members have a hearing loss? ☐ YES ☐ NO

Does your child have a history of frequent ear infections? ☐ YES ☐ NO

Primary language spoken in the home: ____

PLEASE ANSWER THE FOLLOWING:

Does your child use single words?	☐ YES	☐ NO
Does your child use phrases/sentences?	☐ YES	☐ NO
Does your child say words clearly?	☐ YES	☐ NO
Is your child understood by you?	☐ YES	☐ NO

Does your child gesture to tell you something? ____
____

How does your child indicate wants and needs? ____
____

Please list words that your child uses consistently. _______________________________________
____

What are your main developmental concerns for your child? ________________________________
____

When and how was this first noticed? ____
____

What have you tried to do or what assistance have you tried to obtain for your child when your concerns began? ____
____

BEHAVIOR

Please describe your child's personality (activity level, affectionate, shy, noisy, fearful, etc.): ____________
____

Please describe your child's behavior (please include what types of discipline you use at home and what behaviors you usually discipline): ____
____

Please indicate some of your child's favorites (activities, toys, characters, treats, etc.): _______________
____

Does your child have tantrums? If so, please describe: ____________________________________
____

How does your child react to separation from you (i.e., being left with baby-sitter, dropping off at school etc.)?
____
____

How does your child interact with other children? ____

____

How does your child interact with adults? ____

____

Please list any psychological disorders that might exist in your family (such as mental illness, juvenile or adult anti-social behavior, mental retardation, anxiety, depression, school problems, etc.): _______________

____

Please list any family history of physical disorders (such as diabetes, heart problems, cancer, epilepsy, liver or kidney diseases, allergies or any other condition that might be transmitted genetically): __________________

____

Please describe the family unit and emotional atmosphere of the home (such as marital relationships, relation between parents and children, relationships among children, family solidarity, etc.): ____________________

____

Please describe the socio-economic functions of your child's family (such as number of members in the family, recreation and civic activities, income, any financial assistance of benefits child might receive, type of house, rent or own, rural, or urban, whether family owns car, etc.): ____

____

What would you like to see come out of your child's time with us here at The Allen School? ______________

____

How did you find out about The Allen School? _______________________________________

What date are you wanting your child to be enrolled by? _______________________________

Comments: ____

____

____

I, the undersigned, certify that I have provided accurate information and answered all questions on the form truthfully to the best of my knowledge.

_________________________________	_____________________
Parent/Guardian Signature	Date
_________________________________	_____________________
Printed Name	Relationship to Child