

Please attach a current picture of your child here



APPLICATION

APPLICANT

Child's Name: _____ Date of Birth: ____/____/____ Gender: M F
School: _____ Grade: _____

Application Date: ____/____/____ Program: On Cue (6-9) Social Scenes (9-22) Next Stage (14-22)

Desired Start: Summer August Week Fall Winter Spring February Week April Week

FAMILY CONTACT INFORMATION

Primary Contact

Secondary Contact

Parent/Guardian: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Parent/Guardian: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Preferred Contact: Cell Home Email

Preferred Contact: Cell Home Email

Employer: _____
May we contact your employer
re: corporate sponsorship? Yes No

Employer: _____
May we contact your employer
re: corporate sponsorship? Yes No

OTHER CONTACT INFORMATION

In Case of Emergency (Different from contacts above)

Name: _____ Home Phone: _____
Cell Phone: _____ Relationship to Applicant: _____

School Information

School: _____ Address: _____
Contact Person and Title: _____ Phone: _____

DIAGNOSIS

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Nonverbal Learning Disability |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Depression | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> High Functioning Autism | <input type="checkbox"/> PDD/NOS |
| <input type="checkbox"/> Other (please specify) _____ | | |

Is your child aware of his/her diagnosis? Yes No

SOCIAL SKILLS CHECKLIST

Please check any areas in which your child experiences challenges

Executive Functioning

Executive function is a set of cognitive abilities that control and regulate other abilities and behaviors such as managing time and attention, switching focus, planning and organizing, remembering details, curbing inappropriate speech or behavior and integrating past experience with present action. It includes:

- | | |
|--|---|
| <input type="checkbox"/> Appropriate response and reaction | <input type="checkbox"/> Goal-setting/planning for the future |
| <input type="checkbox"/> Awareness and self-regulation of energy level | <input type="checkbox"/> Listening and observing |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Thinking on your feet |
| <input type="checkbox"/> Generalization of skills | |

Theory of Mind and Perspective Taking

Theory of Mind is the ability to not only understand that people have different beliefs, motivations, knowledge and moods but also understand how that affects their actions and behavior as well as our own. Theory of Mind is a necessary component of perspective taking. Perspective taking refers to our ability to relate to others and to perceive someone else's thoughts, feelings, and motivations. It refers to our ability to empathize with someone else and see things from their perspective.

- | | | |
|---|---|---|
| <input type="checkbox"/> Understanding others | <input type="checkbox"/> Tolerance | <input type="checkbox"/> Self-awareness |
| <input type="checkbox"/> Theory of Mind | <input type="checkbox"/> Perspective taking | |

Participation and Interaction

Successfully participating in a group and interacting with others requires the ability to work together towards a common goal, win or lose gracefully, resolve conflicts effectively and treat others with respect. It includes:

- | | |
|---|---|
| <input type="checkbox"/> Collaboration | <input type="checkbox"/> Frequency of breaks |
| <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Level of group participation |
| <input type="checkbox"/> Courteous interactions | <input type="checkbox"/> Sportsmanship |

Communication and Conversation Skills

Communication skills are the ability to accurately convey and receive thoughts or information through the use of speech, visuals, signals, writing, or behavior. Conversation skills are the language abilities needed to interact in social situations. Language abilities include speaking with appropriate vocabulary, pronunciation, tone, intonation, rhythm, pauses, politeness and timing. It includes:

- | | |
|---|---|
| <input type="checkbox"/> Ability to read nonverbal cues | <input type="checkbox"/> Joint attention/ Eye contact |
| <input type="checkbox"/> Body language, control and awareness | <input type="checkbox"/> Self-advocacy |
| <input type="checkbox"/> Identification of feelings | <input type="checkbox"/> Voice control and modulation |
| <input type="checkbox"/> Independent conversation | |

MEDICAL INFORMATION

Medications

Please list any prescription and over-the-counter medications used (please list additional on back):

Medication	Dosage	Prescribed by:	Purpose	Start Date mm/yy

Hospitalizations

Medical or Psychiatric	Date	Reason

Allergies

Please list all allergies to medications, food, animals, environment etc.

INDIVIDUAL NEEDS

Please describe your child's strengths:

Please describe your child's challenges and current areas of need:

Please list child's likes and interests:

Please list child's dislikes:

Please list any sensory issues that your child may have:

Please list your child's current personal care needs (e.g. bathing, grooming, dressing, toileting, etc):

Please list the specific factors or events that trigger frustration or anxiety for your child:

Please describe any recent episodes of aggressive behavior towards self or others:

Please describe any recent episodes of bolting or running away from others:

Please describe effective responses and supports that help your child to be successful in emotionally or socially challenging situations:

What services outside of school have you tried or do you currently have in place?

Please inform us of anything else you think we should know about your child (if your child needs support with personal care needs such as toileting or feeding)

How did you hear about Spotlight?

Parent/Guardian or Applicant (if over 18) Signature

Date

FILM AND PHOTO RELEASE

1. By initialing "Yes", I give permission for my student to be photographed or filmed during group activities and assign the rights to the use and reproduction of those photos or video, whether in print or electronic form, to Spotlight or their designated agent.
2. I understand that by initialing "No", my student may be excluded from participating in certain events or activities where their inclusion in photographs, videos, or other media coverage is unavoidable. If my student should appear in a photo or video, I understand their likeness may be blurred or otherwise be made unidentifiable.
3. If I initial "No", but list exceptions, I assign Spotlight, or their designated agent, the right to use and reproduce photos or video of my student only in the selected formats or media.
4. This photo release remains in effect until written notification is received by Spotlight changing or revoking this authorization.
5. Spotlight has individual and group photographs taken over the course of the summer program to be used in a yearbook available to families for purchase. I understand that my student *will be included* in these "camp photos", even if I initial "No" unless special arrangements are made with the program to exclude my student.

Will you grant the Spotlight Program a full photo release? Yes No

Exceptions:

If you selected No, are there any exceptions where you would permit us to photograph or film your students?

- | | | |
|---|---|--|
| <input type="checkbox"/> Group projects (i.e. group movies) | <input type="checkbox"/> Professional Trainings and Presentations | <input type="checkbox"/> TV/Newspaper |
| <input type="checkbox"/> Spotlight Website | <input type="checkbox"/> Northeast Arc | <input type="checkbox"/> Confidential Research |
| <input type="checkbox"/> Spotlight Newsletter | <input type="checkbox"/> Summer Yearbook | |

X Signature of Parent or Guardian: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION AND CONSENT

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Spotlight staff to transport my child to the nearest hospital and to secure the necessary medical treatment for my child. I understand the staff members are trained in the basics of First Aid, and I authorize them to give my child First Aid when necessary.

X Signature of Parent or Guardian: _____ Date: _____

PICK UP/DROP OFF

I hereby give my permission for my child to be released from the program and/or to be received at the end of the program to the following people:

NAME	RELATIONSHIP TO CHILD	PHONE	ADDRESS

X Signature of Parent or Guardian: _____ Date: _____

TRANSPORTATION AUTHORIZATION AND CONSENT

I have been informed that the Spotlight Program schedule may involve a variety of activities in the community which require transportation by the staff of the Spotlight Program in vehicles provided by the Northeast Arc. (Any staff person driving has a valid Massachusetts driver's license and will ensure that proper safety restraints are used by all vehicle passengers.) I understand that my child will not be transported across state lines or beyond a 30-mile radius of the Spotlight Program (the offices of which are located at 6 Southside Rd., Danvers, MA) without my express written consent.

I authorize the staff of the Spotlight Program to transport my child to and from related community activities using a vehicle provided by the Northeast Arc.

X Signature of Parent or Guardian: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

When processing applications, it is important for us to communicate with other team members to determine placement into programs and groups. Please provide, as accurately as possible, the contact information for each team member below. (Team members may be school contacts, therapists, mentors, adult family members who share in caring for child, and any other pertinent individuals.) When providing services for your child, Spotlight may continue communicating with team members in order to provide the best care for your child.

Name of Participant: _____ **Date of Birth:** ____/____/____

Persons/organizations providing/receiving information to/from the Spotlight Program:

Name/Agency: _____ Phone: _____
Role: _____ Email: _____

Name/Agency: _____ Phone: _____
Role: _____ Email: _____

Name/Agency: _____ Phone: _____
Role: _____ Email: _____

Name/Agency: _____ Phone: _____
Role: _____ Email: _____

Name/Agency: _____ Phone: _____
Role: _____ Email: _____

Specific description of information:

Treatment goals, intervention methods, notable strengths and challenges, and general progress information

I hereby authorize the use or disclosure of the participant’s individually identifiable health and treatment information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. I further understand that I may revoke this authorization at any time by notifying the organization in writing, but if I do it won’t have any affect on any actions they took before they received revocation.

Signature of Parent/Guardian or Applicant (if over 18): _____

Signature of Parent/Guardian or Applicant (if over 18): _____

Date: ____/____/____

SPOTLIGHT PROGRAM APPLICATION CHECKLIST

Please make sure the following documents are remitted to the Spotlight Program for admittance to our social skills groups:

- Completed and signed application
- Completed and signed release forms
- Photograph of your child
- \$75.00 application fee (check or money order)
- Your child's most recent neuropsychological evaluation
- Your child's most recent Individualized Education Plan
- Copies of any other pertinent reports including but not limited to: OT evaluation, SLP evaluation, PT evaluation, summary reports from social programs, behavior plans

Once you have completed the above steps, please:

Mail this application, along with application fee and required documents, to:

Spotlight Program

Attn.: Chris Curtin

6 Southside Road

Danvers, MA 01923

Please contact Chris Curtin at (978)-624-2335 to arrange an informational interview.

NOTE: This interview and application process is not intended to assess and/or accept participants based upon a set of qualitative judgments, but is rather a means of developing a group that can function best together given the limited number of available spaces for participants.