



PROGRAM APPLICATION

Child's Name _____ DOB _____

School District/Academic Affiliation _____

Parent/Guardian's Name _____

Phone Number _____ EMAIL _____

1 What Program/Therapeutic Service is your child currently enrolled?

2 What do you hope to see this program help your child/children prepare for regarding his/her future? (Employment, Independent Living, Future Education, etc...)

3 What work skills, habits would you like to see your child develop in this program?

4 What is your child's general feeling in regards to animals?

5 What are your child's strengths?

6 What are your child's obstacles?



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7 What supports work best for your child in the following areas:

- a **Organizational** _____

- b **Sensory** _____

- c **Academic** _____

- d **Social** _____

- e **Speech Language** _____

- f **Mobility** _____

8 What kinds of qualities would you like to see in the team of professionals working with your child?

9 How can we help your child reach their true potential through this program?
