

## SUMMER DAYS



### At The College of Saint Rose

A one-week recreation and social program for children with autism spectrum disorders and social challenges

Ages 6-18 (age flexes depending who applies)

DATES (8/21 through 8/25/2017)

(Monday through Friday)

Last week in August prior to Labor Day

8:45 a.m.-1:45p.m (M-Th)

Family Day in a local park (Friday) from 10:30-1:30 p.m.

Activities focus on social skills that are infused into every activity and include: art, music/drama, cooperative games, science, videography, group projects & cooking.

Participants are grouped by age (8-12 children per group).

Bring a snack and lunch (non-perishable)

Cost is \$190 for the week-Applications due mid-June

Contact Dr. Susan DeLuke for an application at

[fridayknights@strose.edu](mailto:fridayknights@strose.edu) Phone: 337-4914 or 454-5194

Summer enrichment scholarships for families with financial hardships may be available through Greater Capital Region ASA <http://www.albanyautism.org> and partial scholarships available for those who have OPWDD eligibility directly through the program.

### Summer Days Application-2017

Joy S. Emery Educational and Clinical Services Center  
The College of Saint Rose  
432 Western Avenue  
Albany, NY 12203  
Phone: (518) 454-5194 or 337-4914 Fax: (518) 337-2313

Please complete the following application form. Do not send money with the application. You need to receive confirmation of acceptance first. If your child is eligible for OPWDD services please check this box and send the confirmation of this along with confirmation of an autism spectrum diagnosis.  (if we already have this information you do not need to send it)

**Please attach your child's IEP, Section 504 Plan and FBA and BIP if he or she has any of these in school.**

The program will run from Monday-Thursday 8:45 a.m. to 1:45 p.m.

Friday is a Family Picnic at a local park from 10:30 a.m.-1:30 p.m.

You should plan to have your child bring a non-perishable snack and lunch to the program.

Cost for the week is \$190.

Which days do you plan to have him/her attend (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday

Child's Name: \_\_\_\_\_ Today's date \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade in School: \_\_\_\_\_

School : \_\_\_\_\_ Teacher: \_\_\_\_\_

Check the special education services that apply to your child:

- No special education services-general education only;
- Consultant teacher with majority of day in general education;
- Resource room and general education;
- Special education classroom majority of day (indicate ratio of children to staff) \_\_\_\_\_
- Special education school with no inclusion in general education.

Additional comments about your child's supports and services: \_\_\_\_\_

Does he or she have a 1:1 aide at school? \_\_\_\_\_

Do you think he or she needs 1:1 support in this program? \_\_\_\_\_. If yes, please explain why 1:1 support is needed.

Guardian/Parent Information: (please print very clearly!)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email contacts: \_\_\_\_\_

Email contacts: \_\_\_\_\_

Medical Diagnosis or Disability Category: \_\_\_\_\_

Medical Alerts or Concerns Including Medications, Activity Restrictions, Food Allergies, Medication Allergies, Insect Sting Allergies or other concerns: \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Permission for staff to administer first aid:

\_\_\_\_\_ (Please sign and date)

*The following questions are designed to assist us in determining if the program is appropriate for your child. Please provide enough detail so that your child's abilities and needs are clearly communicated.*

1. What do you hope your child will gain by participating in this program?
  
  
  
  
2. What are your child's strengths and gifts?
  
  
  
  
3. Identify specific social skills or challenges in regulating emotions or behaviors that your child needs to work on.
  
  
  
  
4. Identify one very specific social or behavioral goal you would like us to work on during the week. (Be specific)

At the end of the week my child will be able to:

5. What social or recreation programs has your child attended in the past? What level of support was needed? Was it a successful or unsuccessful experience?

6. Describe briefly how your child communicates, particularly if he or she has delays or difficulties in spoken language, or uses some form of augmentative or alternative communication.
  - a. If your child has language but it is limited, does he or she speak in single words, short familiar phrases, or full sentences? Please give an example.
  - b. If your child has language and it is age appropriate, does he or she have difficulty using the language in social interactions (such as difficulty taking turns or only talking about favorite topics? If so, please explain.
7. What are your child's special interests, talents or hobbies?
8. Can a group or activity leader successfully integrate these interests into the activities or will they be a source of distraction and preoccupation?
9. Are there any behaviors (or triggers) that the group facilitators needs to know about in order to create a successful experience for your child?
10. Tell us the best way to provide support for your child's behavior challenges. If a behavior plan is used in school, please describe how the plan is implemented. \*\*You must attach the FBA and BIP if one is used in school.
11. Will your child need special accommodations or clear limitations when structuring sessions? If so, provide an example of what works best.

12. Is your child able to participate in a group activity for a half-hour without breaks? If no, please explain what might be necessary.

13. What is the size group your child is accustomed to working in successfully?

14. Provide any information that will assist the group facilitator in structuring the sessions for the child's greatest success (e.g., visual schedules, short breaks every 15 minutes, behavior management suggestions).

15. Do you have additional comments, suggestions or questions?

Please initial one of the following statements that best identifies the situation for your child. Also indicate if we can contact the school in the event your child has behaviors of concern.

My child has not demonstrated aggressive behaviors and has not required the use of intensive supports for aggressive behavior within the last 6 months (including the use of a separate time out room, physical restraint, or protective clothing) at school or at home.

OR

My child has demonstrated aggressive behaviors and has required the use of intensive supports for aggressive behavior within the last 6 months (including the use of a separate time out room, physical restraint, or protective clothing) at school or at home.

AND

The staff from Saint Rose has permission to contact the child's school staff to gain further clarification regarding behavior concerns and interventions.

\*\*Please make sure you attach the functional behavior assessment and behavior plan if your child has one.