



# The School of Hope

111 Burns St., Fayetteville, NC 28301  
Phone: 910-339-5683 Fax: 910-339-7018  
www.schoolofhopenc.net

Please determine if your child meets the **mandatory criteria** to be accepted at The School of Hope, a school strictly for students diagnosed with Autism. **If all three criteria are not met, please do not submit an application. When you are able to meet all three criteria, your application can be submitted.**

- 1.) Student must have a medical diagnosis of Autism. Medical Diagnosis must be submitted with application.
- 2.) Your child **MUST** be **FULLY** potty-trained.
- 3.) Other than a beginning Kindergarten age student, an updated IEP must be submitted with application.

PLEASE NOTE: a **NON-REFUNDABLE** application fee and a standardized assessment fee is due at the time of the student assessment.

## Application for the \_\_\_\_\_ - \_\_\_\_\_ School Year

Date Application Submitted: \_\_\_\_\_

Student Information: \_\_\_\_\_ Returning Student \_\_\_\_\_ New Student Grade \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Nickname

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

**Ethnic/Racial** (This is for research only and enables the school to comply with reporting requirements.)

\_\_\_\_ White (Not Hispanic) \_\_\_\_ Black (Not Hispanic) \_\_\_\_ Hispanic \_\_\_\_ American Indian or Alaskan Native \_\_\_\_ Pacific Islander or Asian

### Mailing Address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Is Mailing Address the same as the Physical Address: \_\_\_\_\_ Yes \_\_\_\_\_ No (if No, please provide Physical Address)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Family Information:

| Father/Guardian's Information | Mother/Guardian's Information |
|-------------------------------|-------------------------------|
| Full Name:                    | Full Name:                    |
| Email:                        | Email:                        |
| Home Phone:                   | Home Phone:                   |
| Cell Phone:                   | Cell Phone:                   |
| Occupation:                   | Occupation:                   |
| Employer:                     | Employer:                     |
| Work Phone:                   | Work Phone:                   |

Parents Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single

Student lives with \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other

Legal Custody of Student is \_\_\_ Joint \_\_\_ Mother \_\_\_ Father \_\_\_ Other

*If Applicable: Please provide a legal custodial document.*

Does Other Parent have Visitation Rights? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

**Siblings:** \_\_\_ N/A

| Name: | Age | Grade | School Attending |
|-------|-----|-------|------------------|
|       |     |       |                  |
|       |     |       |                  |
|       |     |       |                  |
|       |     |       |                  |

## EMERGENCY CONTACT INFORMATION:

List the Name of up to three people outside of the parents that the school can contact in case of an emergency. The school will always attempt to reach a parent before calling the emergency contacts.

*Emergency Contact #1*

\_\_\_\_\_  
Name Home Phone / Cell Phone Relationship to Student

*Emergency Contact #2*

\_\_\_\_\_  
Name Home Phone / Cell Phone Relationship to Student

*Emergency Contact #3*

\_\_\_\_\_  
Name Home Phone / Cell Phone Relationship to Student

**Last School Attended:** \_\_\_\_\_

Name of School

City, State

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Has your student repeated a grade or been retained? \_\_\_ Yes \_\_\_ No Grade \_\_\_\_\_

Does your student receive any of these services? *Please check all that apply:* \_\_\_\_\_ N/A

|  |   |   |   |                              |   |
|--|---|---|---|------------------------------|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Speech/Hearing | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> IEP | <input type="checkbox"/> ESL (English as a Second Language) |
|--|---|---|---|------------------------------|---|

### **Pertinent Student Information related to Autism Diagnosis:**

In order for us to determine if we can meet your child's Autism needs, please provide the following information:

1.) Would you consider your child: (Choose the best fit)

\_\_\_\_\_ Low-Functioning \_\_\_\_\_ Moderate Functioning \_\_\_\_\_ High Functioning

2.) Does your child exhibit disruptive behaviors that may prevent him/her from learning and/or prevent other students in the classroom from learning? \_\_\_ Yes \_\_\_ No

3.) Does your child tend to elope (is considered a runner)? \_\_\_Y \_\_\_N

(If yes, please provide more specific examples)

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4.) Does your child currently have an ABA company or ABA Therapist who is able to provide one-on-one assistance for your child? \_\_\_ Yes \_\_\_ No

(If yes, what is the name of the company? \_\_\_\_\_)

(If yes, what is the name of the current one-on-one assistant? \_\_\_\_\_)

## **Functional Behavioral Assessment**

### **Informal Adaptive Behavioral Checklist**

Adaptive behavior is a developmentally determined set of coping skills. Deficits in adaptive behavior are defined as significant limitations in an individual's effectiveness in meeting the standards of maturation, learning and personal independence, social responsibility, and school performance expected of an individual's age level and cultural group. Please rate the items on the checklist according to how the student performs compared to regular education peers of the same age by placing a check mark for each behavior.

| <b>Behavior</b>  | <b>Significantly<br/>below<br/>Average</b> | <b>Below<br/>Average</b> | <b>Near or at<br/>Average</b> |
|--|--|--------------------------|-------------------------------|
| Is able to use dressing skills appropriate for chronological age   |  |                          |                               |
| Is able to care for self in bathroom   |  |                          |                               |
| Is aware of basic hygiene  |  |                          |                               |
| Is able to keep up with own clothing   |  |                          |                               |
| Is able to keep up with materials  |  |                          |                               |
| Is able to observe safety precautions  |  |                          |                               |
| Is able to demonstrate safety precautions  |  |                          |                               |
| Is able to assume responsibility (e.g., homework, chores, etc.)  |  |                          |                               |
| Is able to demonstrate appropriate eating behaviors  |  |                          |                               |
| Is reliable (e.g. can complete tasks requested or assigned)  |  |                          |                               |
| Is truthful (Provides accurate information)  |  |                          |                               |
| Is able to prepare food, operate kitchen appliances, etc.  |  |                          |                               |
| Is able to demonstrate how to use personal and household appliances  |  |                          |                               |
| Is able to exhibit maintenance skills (e.g. can use safety pins, tape, glue, etc.)                                     |  |                          |                               |
| Is able to demonstrate knowledge of personal data  |  |                          |                               |
| Is able to use a telephone   |  |                          |                               |
| Is able to find emergency numbers and information  |  |                          |                               |
| Is able to provide emergency information and what to do in case of an emergency (Fire, injury, tornado, etc.)          |  |                          |                               |
| Is able to find way home or give directions from differing locations.  |  |                          |                               |
| Is able to write and mail letters  |  |                          |                               |
| Is able to make simple purchases   |  |                          |                               |
| Is able to demonstrate prevocational/vocational skills (e.g., can use screwdrivers, tools, scissors, typewriter, etc.) |  |                          |                               |
| Is able to use appropriate speech (coherent, sensible, mature)   |  |                          |                               |
| Is able to exhibit adequate vocabulary (uses appropriate terms)  |  |                          |                               |
| Is able to communicate effectively with children and adults  |  |                          |                               |
| Is able to participate in class discussions  |  |                          |                               |
| Is able to show understanding of what others are saying  |  |                          |                               |
| Is able to retain and use information presented  |  |                          |                               |
| Is able to use appropriate academic skills (read and write)  |  |                          |                               |
| Is able to exhibit an adequate attention span  |  |                          |                               |
| Is able to express self, using appropriate methods. (e.g., talks, draws, uses body language, write)                    |  |                          |                               |
| Is able to use the telephone appropriately   |  |                          |                               |
| Is able to communicate needs appropriately   |  |                          |                               |
| Is able to communicate appropriate feelings  |  |                          |                               |
| Is able to make decisions and choices  |  |                          |                               |
| Is able to relate experiences, stories, or jokes in a logical sequence   |  |                          |                               |
| Is able to write letters and respond to advertisements   |  |                          |                               |

|   |  |  |  |
|---|--|--|--|
| Is able to fill in personal data on information sheets and applications   |  |  |  |
| Is able to be depended on to deliver messages   |  |  |  |
| Is able to express his/her self in more than one way  |  |  |  |
| Is able to laugh/smile appropriately  |  |  |  |
| Is able to address familiar people with their name  |  |  |  |
| Is able to participate in games/activities with at least one other person                                       |  |  |  |
| Is able to show appropriate affection toward others   |  |  |  |
| Is able to demonstrate how to be friendly with a group  |  |  |  |
| Is able to respond or react appropriately to given situations   |  |  |  |
| Is able to keep secrets/confidences for more than one day   |  |  |  |
| Is able to participate in group activities  |  |  |  |
| Is able to attend school/community functions without the aid of adults  |  |  |  |
| Is able to return borrowed items when finished with them  |  |  |  |
| Is able to follow school rules and shows understanding for rules  |  |  |  |
| Is able to demonstrate appropriate restraint (e.g., talks in turn, regulates volume appropriately)              |  |  |  |
| Is able to accept authority (e.g, obeys, responds appropriately, etc.)  |  |  |  |
| Is able to think for self and is not easily led by others   |  |  |  |
| Is able to control anger/feelings   |  |  |  |
| Is able to show and identify emotions (e.g., happy, sad, hurt, disappointment, excitement)                      |  |  |  |
| Is able to adhere to rules of society (e.g., being truthful, honest, respectful, etc.)                          |  |  |  |
| Is able to exhibit manners (e.g., use common courtesies, such as please & thank you, etc.)                      |  |  |  |
| Is able to exhibit appropriate physical restraint (e.g., refrain from pushing, fighting, breaking things, etc.) |  |  |  |
| Is able to respect the rights and property of others and shows understanding of the concept of ownership        |  |  |  |
| Is flexible (e.g., leads/follows what a situation demands, is able to adjust to new routines, etc.)             |  |  |  |
| Is able to respond appropriately to different age groups  |  |  |  |
| Is not able to regard the opposite sex as the opposite sex  |  |  |  |

### **Adaptive Behavior Descriptions Observed of your child:**

Place a check mark beside the adaptive behaviors that describe your child.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Does not accept responsibility for schoolwork                      |
| <input type="checkbox"/> | Does not accept responsibility for his/her behavior                |
| <input type="checkbox"/> | Interacts more appropriately with younger students                 |
| <input type="checkbox"/> | Interacts more appropriately with older students                   |
| <input type="checkbox"/> | Demonstrates limited ability for reasoning and comprehension tasks |
| <input type="checkbox"/> | Does not continue skills using learning aides                      |

|  |
|--|
| Needs concrete learning aides  |
| Difficulty with concepts such as time, money and measurement                                     |
| Is dependent on others   |
| Is independent   |
| Lacks appropriate interpersonal skills   |
| Does not complete school assignments without individual attention/supervision                    |
| Does not know his/her way around the school except in a routine manner (gets lost in the school) |
| Does not communicate personal information (address, phone number, birthdate, etc.) adequately    |
| Does not respond adequately to new situations  |
| Is unable to follow school schedules without being frustrated                                    |
| Does not respond with appropriate emotions in various situations                                 |
| Tends to be a follower and not a leader  |
| Does not communicate ideas appropriately for his/her chronological age                           |
| Prefers to use manuscript writing instead of cursive writing                                     |
| Does not seem as coordinated as other students his/her age                                       |

### Parenting Style Survey

Please complete the following survey as one method to indicate your parenting style. Indicate your preference by placing a checkmark beside each statement.

| Behavior  | Strongly Disagree | Somewhat Disagree | Neither Disagree or Agree | Somewhat Agree | Strongly Agree |
|---|-------------------|-------------------|---------------------------|----------------|----------------|
| It is better to give in just a little than to have confrontation with your child.   |                   |                   |                           |                |                |
| Children need discipline that hurts a little so that they will remember the lesson later.                                   |                   |                   |                           |                |                |
| Children shouldn't always get their way, but we ought to learn to listen to what they have to say.                          |                   |                   |                           |                |                |
| The parent-child relationship is like a war. If the parent wins, then both sides win; if the parent loses, both sides lose. |                   |                   |                           |                |                |
| If parents provide a good environment, children will be able to raise themselves.   |                   |                   |                           |                |                |
| The parent's role is like that of a teacher who is preparing the child for a final exam called "Life".                      |                   |                   |                           |                |                |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Childhood is so short that parents should do everything possible, to make it a happy time for their child.                       |  |  |  |  |  |
| "Spare the rod and spoil the child" is still the best policy.  |  |  |  |  |  |
| Children need to learn what they may or may not do, but we do not have to use punishment to be able to teach these skills.       |  |  |  |  |  |
| Whether we like it or not, children will have the last word about what they will or will not do.                                 |  |  |  |  |  |
| If you let children have free rein, they will eventually learn from consequences, what is considered to be appropriate behavior. |  |  |  |  |  |
| Children first have to learn that the parent is boss.  |  |  |  |  |  |
| Too many children today, talk back to their parents when they should just quietly obey them.                                     |  |  |  |  |  |

I certify that the above information is true and correct.

\_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Guardian Signature**

## Next steps in the School of Hope Admissions Process:

Thank you for submitting your student's application. The School of Hope will review the information and will contact the parent to schedule a day and time for your student to shadow in a classroom for a few hours. Upon a favorable response from the classroom teacher and any additional school staff who may provide observation information regarding your child's behavior and/or academic ability during the shadowing experience, we will then schedule an appropriate academic assessment in order to make a final determination if the school will be able to meet your child's needs.