

## APPLICATION FOR ROBIN ROGERS DAY SERVICE

Date \_\_\_\_\_

Child's Name	Birthdate	Age	Sex
Name child is called at home	County	Race	

**Child's Diagnosis, if applicable:** \_\_\_\_\_

**List all household members:**

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**Marital Status of Parent:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Parent/Legal Guardian's Name** \_\_\_\_\_

**List any programs and/or agencies the child is affiliated with on a regular basis (school, therapy, case workers, etc.)**

Name of Program	Address	Name of Contact Person
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(Optional) – Place a check before each statement that applies to your child:

### EATING SKILLS

- |   |                                      |
|---|--------------------------------------|
| _____ feeds himself/herself unassisted  | _____ uses a fork when eating        |
| _____ eats liquids (soup) with a spoon  | _____ uses a spoon when eating       |
| _____ eats only finger foods unassisted | _____ needs to be fed all foods      |
| _____ refuses to eat food from a spoon  | _____ sips from a straw              |
| _____ drinks from a cup unassisted      | _____ drinks from a cup with help    |
| _____ takes a bottle – times: _____     | _____ needs meats finely chopped     |
| _____ needs meats blended               | _____ needs all foods blended        |
| _____ eats only baby food               | _____ eats at table in regular chair |
| _____ eats in high chair                | _____ must be held when being fed    |
| _____ sits in a wheelchair with tray    | _____ drinks from special cup        |

Child eats: \_\_\_\_\_ small \_\_\_\_\_ moderate \_\_\_\_\_ large servings.

List child's favorite foods: \_\_\_\_\_

### TOILET TRAINING

\_\_\_\_\_ wears diapers \_\_\_\_\_ is being toilet trained \_\_\_\_\_ is toilet trained if taken regularly

If any of these are checked, an extra set of clothes needs to be sent with your child.

### DRESSING SKILLS

- |                       |  |                        |
|-----------------------|--|------------------------|
| _____ takes off coat  | _____ puts on coat                               | _____ pulls down pants |
| _____ pulls up pants  | _____ takes off pants                            | _____ puts on pants    |
| _____ takes off socks | _____ puts on socks                              | _____ takes off shoes  |
| _____ puts on shoes   | _____ takes off shirt                            | _____ puts on shirt    |
| _____ unbuttons       | _____ buttons                                    | _____ unzips           |
| _____ zips            | _____ unsnaps                                    | _____ snaps            |
| _____ ties shoes      | _____ needs to be dressed and undressed by adult |                        |

## MOTOR SKILLS

\_\_\_\_\_ can roll from back to stomach                      \_\_\_\_\_ can roll from stomach to back  
\_\_\_\_\_ can sit on a chair with support                      \_\_\_\_\_ can sit on a chair without support  
\_\_\_\_\_ can sit alone on floor                                      \_\_\_\_\_ can crawl on stomach  
\_\_\_\_\_ can sit on floor with support – note if sits in a specific position \_\_\_\_\_  
\_\_\_\_\_ can walk with support – note if by holding hand or special equipment \_\_\_\_\_  
Is the child right-handed, left-handed or undetermined? \_\_\_\_\_

## SOCIAL BEHAVIOR

Describe any methods of discipline that you have found effective: \_\_\_\_\_  
\_\_\_\_\_  
What are you child's favorite things to do at home? \_\_\_\_\_  
\_\_\_\_\_  
Does your child take an afternoon nap? \_\_\_\_\_ no \_\_\_\_\_ yes If yes, how long? \_\_\_\_\_

## LANGUAGE

\_\_\_\_\_ responds to name                                      \_\_\_\_\_ understands the word "no"  
\_\_\_\_\_ points to things he/she wants                      \_\_\_\_\_ says two words together  
\_\_\_\_\_ uses simple sentences                                      \_\_\_\_\_ uses communication board  
\_\_\_\_\_ uses sign language                                      \_\_\_\_\_ names familiar objects, people, etc.

List any activities, skills, behaviors, etc. that you would like us to work on with your child while attending our program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any traumatic events in this child's life that we should be aware of? (i.e., dog attack, abuse, accidents, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_