



**APPLICATION FOR ROBIN ROGERS DAY SERVICE**

Date \_\_\_\_\_

Child's name	Birthdate	Sex
Name child is called at home	Child's Social Security number	

List all household members:

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

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

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

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

Name of Program	Address	Name of Teacher, Therapist, Case Worker
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Would you like your name, address and phone number on the Day Service roster, available to all Day Service parents?

Yes \_\_\_\_\_ No \_\_\_\_\_

(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, etc.) 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 held by an adult      |
| _____ drinks from a special cup - describe: _____           |   |
| _____ takes a bottle - times: _____                         | _____ needs meats finely chopped              |
| _____ needs meats blended                                   | _____ needs all foods blended                 |
| _____ eats only baby food                                   | _____ eats at ordinary table and chair        |
| _____ eats in high chair                                    | _____ sits in a wheelchair with attached tray |
| _____ must be held when being fed                           |   |
| child eats _____ small _____ moderate _____ large servings. |   |
| list child's favorite foods _____                           |   |

### TOILET TRAINING

(if any checked, extra set of clothes needs to be sent each day)

- |   |                               |
|---|-------------------------------|
| _____ wears diapers   | _____ is being toilet trained |
| _____ is toilet trained, but only if taken to the bathroom on a regular basis |                               |
| frequency: _____  |                               |

### DRESSING SKILLS

- |  |                       |                        |
|--|-----------------------|------------------------|
| _____ needs to be dressed and undressed by adult |                       |                        |
| _____ 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            |
| _____ laces shoes                                | _____ ties shoes      |                        |

**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 on the floor with support - note if sits in a specific position \_\_\_\_\_  
 \_\_\_\_\_ can sit alone on floor      \_\_\_\_\_ can crawl on stomach  
 \_\_\_\_\_ can stand alone      \_\_\_\_\_ can walk alone  
 \_\_\_\_\_ can walk with support - note if by holding hand, special equipment such as crutches,  
 walker, etc. \_\_\_\_\_  
 \_\_\_\_\_ right handed      \_\_\_\_\_ left handed      \_\_\_\_\_ undetermined

**SOCIAL BEHAVIOR**

Describe any methods of discipline that you have found effective: \_\_\_\_\_

\_\_\_\_\_

What are your 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, activities

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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_