

DTS Program Questionnaire

CONTACT INFORMATION

Child's Legal Last Name	Child's Legal First Name	Child's Legal Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade	Gender	Nick Name	Birthdate (mm/dd/yyyy)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>

Parent's Home Address	Parent's Mailing Address (if different)
<input type="text"/>	<input type="text"/>

City	State	Zip Code	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent's Name

Parent's Primary Phone	Parent's Primary Email
<input type="text"/>	<input type="text"/>

Please provide the following information

1. Does your child currently receive DDD services?

Yes No

If yes, provide your Support Coordinator name and email below:

2. If yes, has your child ever received DTT or DTS services through DDD?

Yes No

If you answered yes to question number 2, please answer the following question.

Has your child received an enhanced ratio of 1:1 support for these services?

Yes No

3. Does your child currently receive DDD or other services with Lauren's Institute For Education?

Yes No

4. If you answered yes to question number 3; please mark all current services, you are receiving through Lauren's Institute For Education.

Therapy services DTT DTS

Respite Habilitation Attendant Care

5. If your child does not receive DDD services are you interested in our private pay model for the summer program?

Yes No

6. What is your child's current level of support in their school setting?

1:1 Other

7. My child is primarily

Verbal Non-Verbal

if non-verbal please indicate your child's method of communication

8. My child is primarily

Independent with toileting needs requires minimal assistance requires full assistance

Is your child in diapers/pull up undergarments

9. Please indicate your child's mobility

Ambulatory uses a walker uses a wheel chair

10. During group activities, my child will stay with a group will elope away from the group

11. Does your child display any of the following behaviors?

self-injurious behaviors aggressive behaviors towards adults
 aggressive behaviors towards peers (biting, hitting, pinching etc.)

If your child does have any of the above please give a brief description in the box below

In the space below please provide any information you feel is important regarding your child. (such as; likes, dis-likes, behaviors, sensory needs)

Medical Information

Child's Diagnosis

Does your child have special feeding needs? Yes No

If yes, please provide a brief description below.

Does your child have allergies? (food, medicine, environmental) Yes No

If yes, please describe protocol for exposure to allergen:

Allergen

Protocol

Does your child have seizures? Yes No

If yes, do you have a current seizure protocol from your treating physician? Yes No

Does your child an emergency medication to administer if a seizure occurs? Yes No

Does your child take medications daily? Yes No

If yes, would your child need to have medication administered during the DTS program? Yes No

DTS PROGRAMMING OPTIONS

Please indicate which program you would be interested in. The DTS program will begin on Monday, June 5th and will end on July 28th. We will be offering programming Monday – Thursday with morning and afternoon sessions. The morning session will run from 8:30 – 11:30 and the afternoon session will run from 12:30 – 3:30. Below are brief descriptions of the programs offered.

Younger DTS program will be as follows:

The younger program will follow weekly themes. They will have 2 activity days a week based on the theme and they will then have 2 days of fun activities on the Splash Pad.

Older DTS program will be as follows:

The older DTS program will be having swim days along with field trips to various destinations and one fun activity day each week. The older group will swim two days a week, take one field trip a week and then will have one activity day on site with fun engaging games. More detailed information will be provided with the DTS registration packet regarding the field trips.

I would like my child to participate in the following:

- **June only session – June 1st through June 30th**

- Monday through Thursday
- Monday and Wednesday
- Tuesday and Thursday
- A.M. session 8:30 – 11:30
- P.M. session 12:30 – 3:30

- **July only session- July 3rd through July 28th**

- Monday through Thursday
- Monday and Wednesday
- Tuesday and Thursday
- A.M. session 8:30 – 11:30
- P.M. session 12:30 – 3:30

- **June and July session- June 5th through July 28th**

- Monday through Thursday
- Monday and Wednesday
- Tuesday and Thursday
- A.M. session 8:30 – 11:30
- P.M. session 12:30 – 3:30