

DTS Program Questionnaire

CONTACT INFORMATION

Child's Legal Last Name	Child's Legal First Name	Child's Legal Middle Name	Suffix
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Grade	Gender	Nick Name	Birthdate (mm/dd/yyyy)	Age
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Parent's Home Address	Parent's Mailing Address (if different)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

City	State	Zip Code	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Parent's Name

Parent's Primary Phone	Parent's Primary Email
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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 or past services, you have received through Lauren's Institute For Education.

Therapy services DTT DTS (indicate the year you attended 20____)

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

We are excited for the upcoming DTS summer program. The DTS summer program will run from June 4 through July 27th 2018. DTS programming will be offered Monday through Friday for the hours of 8:30 – 12:30. We will not be offering an afternoon DTS program. Please see a brief description of the DTS programs below. More detailed information will accompany the DTS registration packet.

Younger DTS program will be as follows: (typical age range 4-8)

The younger program will follow weekly themes. The program will have 3 activity days a week based on the theme and 2 days of fun activities on the Splash Pad.

Older DTS program will be as follows: (typical age range 8-12)

The older program will follow weekly themes. The older DTS program will have 2 swim days along with 3 activity days on-site.

Travel DTS program will be as follows: (typical age range of 13 -17)

The travel group will consist of students who are able to be supported in a 1:4 ratio. The travel group will have 2 swim days, 1 bowling day, 1-2 activity days a week. There will also be a few added field trips throughout the summer which will replace one of the activity days. There will be a fee associated with this program for the entrance fees of the field trip destinations. More detailed information will be provided with the DTS registration packet.

Please indicate which session and days you would be interested in by simply checking the boxes below.

- **June only session – June 4th through June 29th**

- Monday through Friday
- Monday, Wednesday, Friday
- Tuesday and Thursday
- A.M. session 8:30 – 12:30

- **July only session- July 2nd through July 27th**

- Monday through Friday
- Monday, Wednesday, Friday
- Tuesday and Thursday
- A.M. session 8:30 – 12:30

- **June and July session- June 4th through July 27th**

- Monday through Friday
- Monday, Wednesday, Friday
- Tuesday and Thursday
- A.M. session 8:30 – 12:30