



UNIVERSITY OF
MARY HARDIN-BAYLOR
EDUCATION FOR LIFE... EXPERIENCE OF A LIFETIME

Special Needs Lab Application

Please print, using a black or blue pen

YOUR CHILD'S INFORMATION					
Child's Last Name:	Child's First Name:	Child's Preferred Name:	Child's Date of Birth:	Child's Grade Level:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Legal Guardian's Name:		Cell Phone (including area code):		Email Address:	
Address/City/State/Zip:		Home Phone (including area code):		Work Phone (including area code):	
Please describe your child's special need(s):			Age of First Diagnosis:		

HOUSEHOLD INFORMATION					
Child Primarily Lives With: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____					
Please list others who live in the household with your child:					
Name:	Age:	Relation:	Name:	Age:	Relation:
Name:	Age:	Relation:	Name:	Age:	Relation:
Name:	Age:	Relation:	Name:	Age:	Relation:

PROGRAM RESOURCES	
How did you hear about the UMHB Special Needs Lab?	
List four therapies or programs your child has been involved with most recently:	1.
	2.
	3.
	4.
List three academic, social and/or behavioral goals you want for your child during their participation in the UMHB Special Needs Lab:	1.
	2.
	3.



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Special Needs Lab Application Developmental Range

Child's Last Name:	Child's First Name:	Child's Preferred Name:
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YOUR CHILD'S PREFERENCES:	
Favorite Toy:	Favorite Food:
Favorite Activity:	Other:

YOUR CHILD'S COMMUNICATION SKILLS (Check all that apply)	
<input type="checkbox"/> No Speech Sounds	<input type="checkbox"/> Babbles (ma, bah, bo)
<input type="checkbox"/> Says 1-10 recognizable words	<input type="checkbox"/> Says 10+ recognizable words
<input type="checkbox"/> Primary mode of communication is verbal language	<input type="checkbox"/> Imitates words and sounds
<input type="checkbox"/> Primary mode of communication is sign language	<input type="checkbox"/> Echolalia (nonfunctional repeating of sounds or words)
<input type="checkbox"/> Primary mode of communication is PECS/pictures	<input type="checkbox"/> 2-3 word phrases
<input type="checkbox"/> Primary mode of communication is electronic communication device	<input type="checkbox"/> Uses short sentences
If yes, approximate number of signs: _____	If yes, approximate number of pictures: _____
If yes, what device: _____	How many buttons? _____

YOUR CHILD'S SKILL LEVEL (Please check only one that best identifies the skill level)			
	INDEPENDENT	NEEDS REMINDERS/INSTRUCTION	NEEDS PHYSICAL ASSISTANCE
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL AGGRESSION
<input type="checkbox"/> Pushes
<input type="checkbox"/> Hits and/or Kicks
<input type="checkbox"/> Bites
<input type="checkbox"/> Throws things

CHALLENGES OR BEHAVIORAL CONCERNS (Please rate)			
	MILD	MODERATE	SEVERE
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Special Needs Lab Application Temporary Authorization

In the event you, as the primary adult responsible for the child, cannot bring and/or stay for the full SNL session, this form grants UMHB SNL Program permission to allow up to three adults, designated by you, to assume emergency responsibility for your child. If you do not wish to grant this permission to others, write N/A and your initials under each of the 3 Alternative Adult sections.

Fill in the form with each designated adult's name, address, phone number, and relationship to the child. It is your responsibility that each adult listed below fully understands the guidelines and policies set forth by the SNL program. **Each designated adult must show photo identification before we will release the child to them.**

Child's Last Name:	Child's First Name:	Child's Preferred Name:
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PRIMARY ADULT TO ACCOMPANY CHILD TO SNL PROGRAM SESSIONS:		
Parent or Legal Guardian's Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

AUTHORIZED ALTERNATE ADULT 1:		
Adult's First and Last Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

AUTHORIZED ALTERNATE ADULT 2:		
Adult's First and Last Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

AUTHORIZED ALTERNATE ADULT 3:		
Adult's First and Last Name:	Cell Phone (including area code):	Email Address:
Address/City/State/Zip:	Home Phone (including area code):	Relationship to Child:

I, _____ (print name) authorize the adults named above to assume emergency responsibility of my child in my absence.

Parent/Guardian Printed Name			
Parent/Guardian Signature		Date	



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