

**Alia for Early Intervention**

Admission Packet



Welcome to Alia for Early intervention (AEI). We look forward to working with you, your family, school, and other service providers in developing a successful program.

### ***Mission and Philosophy***

The mission of the Bahrain Society for Children with Behavioral and Communication Difficulties is to promote lifelong access and opportunity for all individuals with the behavioral and communication difficulties, and their families, to be fully participating, included members of their community. Education, active public awareness and the promotion of research form the cornerstones of the society's efforts to carry forth its mission.

Membership encompasses a broad, diverse group of parents, family members, special education teachers, administrators, medical doctors, therapists, nurses and aides, as well as countless other personnel involved in the education, care, treatment and support of individuals with such difficulties. Recognizing and respecting the diverse range of opinions, needs and desires of this group, the society embraces an overall philosophy which chooses to empower individuals with behavioral and communication difficulties, their parents or caregivers, to make choices best suited to the needs of the person with the difficulty.

At the very core of the **choice** philosophy is the belief that no single program or treatment will benefit all individuals with behavioral and communication difficulties. Furthermore, the recommendation of what is "best" or "most effective" for a person with such difficulties should be determined by those people directly involved - the individual with the difficulty, to the extent possible, and the parents or family members. Providing information and education to help in decision-making are more highly regarded at society than is advocating for one particular theory or philosophy.

### **Our program**

Our Center is designed to meet the individual needs of children who are diagnosed with behavioral and communication difficulties; between the ages of 2 and 8 years of age at the time of admissions. Classrooms provide 1:1 teacher to student ratio for students. Intensive Behavioral Treatment (IBT) is provided within a language-based Applied Behavior Analysis (ABA) educational environment where teaching is highly structured for acquisition of skills. The teaching environment becomes less structured as the student demonstrates the use of skills learned in natural settings and across routines throughout the day. Our general curriculum will teach each child critical language skills, functional activities, socialization, initiation/spontaneity and generalization of mastered concepts/skills. These skills are built into every student's educational program and individualized to meet his or her learning style and unique needs. The overall goal is to prepare the student for reintegration into his/her school.

#### **Admissions:**

Students will be admitted to ALIA FOR EARLY INTERVENTION if they meet the following criteria:

#### **Required:**

- Age 2 - 8 years at the time of admissions.
- Primary diagnosis/assessment of autism, PDD, ADD, ADHD or other communication and/or behavioral difficulties
- Parents physically reside in the Kingdom of Bahrain.

#### **Parents Must**

- Provide program consistency at home.
  - Ensure consistent attendance over school year.
  - Participate in training courses on meeting their child's specialized educational needs.
  - Make a realistic choice as to the potential benefits of this program for their child.
1. The first part of the admissions process will be parent/guardian attendance at scheduled orientation meetings to ensure all parties will be fully informed as to the nature and scope of the school, its curriculum and methodology, before making a final decision to attend.
  2. The center will commit to providing an exemplary research-based educational program tailored to the strengths and deficits of children with autism and other behavioral and communication difficulties.
  3. Parents/guardians will sign the admissions criteria rules committing themselves to be involved in their child's education by, among other things, having their children arrive to school on time and ready to learn, volunteering at the school, etc.

## Coming and Going

One of the most difficult tasks for parents, children and providers is the separation time. Some children adjust easily to new surroundings and situations, however some do not. It may even change from day to day. Children take their cues from the adults around them. How parents and teachers respond to separation often will dictate how easily your child adjusts. This process should be as smooth and fast as possible. Long, drawn out goodbyes only make separation more difficult for all concerned. The following guidelines help ease the conflict of separation.

- Upon arrival, parents should assist the child in putting away lunches, bags or backpacks, and removing and hanging up coats
- Prepare the child for your departure by making positive statements like "I'm going to work now. I'll see you later. Have a great day!"
- Promptly leave

Our entry area is the cut off point for good-byes. Accompanying your child into the school creates a problem for you, your child and any other children that are missing their parents too. We simply cannot take the time away from the other children to deal with long separations every morning. We know parents feel guilty about leaving their children and your children know it too. We are old hands at distracting and redirecting upset children. You might be surprised that they often have settled down before you drive away. It may make you feel better, as a parent, to know that your child doesn't want you to leave them, however this makes it very difficult for your child to adjust successfully. If your child has frequent separation anxiety, what is most important is a consistent, reassuring response. Most children do eventually feel comfortable and then separation is no longer an issue. If you consider it part of your normal daily routine, so will they. We do not want to start anyone's day with a traumatic scene. If one does develop, it's typically brief and your child goes on to having a really fun day! As always please feel free to ask questions or discuss our procedure with us anytime.

## Dressing for Success

At ALIA FOR EARLY INTERVENTION we stress self-help skills. Dress your child in clothes that they can easily manage by themselves. We dress for safety and sun protection. We have many activities that include painting, gluing, coloring and outdoor play so always dress your child appropriately. Save the beautiful clothes and shoes for going out and special occasions. If they are toilet trained, make certain their clothing makes trips to the bathroom easy. Complicated fasteners, suspenders, and too many buttons may cause frustration and accidents. Keep it simple. If parents and caregivers reinforce this requirement consistently, this helps children more easily comply. Keep it simple.

### **Dressing Your Child for a Day at the school.**

- Dress them in long pants. Shorts may be included in their bag, in appropriate weather
- Label their coats with the child's name
- Dresses may be worn only with leggings or pants underneath
- No sleeveless shirts are allowed

If your child is in diapers:

- Provide disposable diapers only
- No complicated fasteners, suspenders or overalls

Provide at least two (2) changes of clothes including socks in a bag or backpack. Experts now recommend that each child bring a bag or backpack every day with two (2) full sets of clothing. This not only prepares us for small emergencies, such as accidents, but for unexpected weather conditions.

## Shoes

Shoes are not allowed inside some school areas and therefore all students are required to wear socks. Most children would rather run than walk. Wearing appropriate shoes for outside activities is extremely important. Good shoes provide support, but more importantly, prevent accidents. Therefore, tennis shoes are required. No exceptions. For safety reasons, if your child cannot tie shoes, Velcro fasteners **MUST** be worn.

## Coats & Jackets

On cool days bring a warm coat or jacket as we will probably play outside or take a walk. Even on nice days, a jacket, sweater or sweatshirt is a good idea as mornings are usually cool.

## Meals

Because of differing nutritional needs, dietary restrictions, and personal preferences, ALIA FOR EARLY INTERVENTION **does not** provide meals.

## Lunch

- Parents are required to provide a lunch and beverage every day
- Perishable items must include a cold source
- Please mark all containers on the **top and bottom** with your name
- We urge parent to use GF/CF [Gluten and Casein Free] foods for their child's snack//lunch

## Snacks

We use snack time to teach children good nutrition, emphasizing fresh fruits, vegetables, and whole grains. It's also a good time to introduce new and unfamiliar foods to them. Our policy is that they don't have to eat anything they don't like, but we encourage them to give new foods a try.

## In Sickness and Health

### Communicable Diseases

Any child with an infectious or communicable disease such as chicken pox or the flu will be isolated. Parents will be notified **immediately** to come and pick up the child. Admittance back into the school is a **staff and parental** decision - not that of the **child's physician**. If there is **any possibility** your child has been exposed to a communicable disease outside the school, **please let us know right away**. All other school parents need to be informed of possible exposure to a communicable disease.

### Infection Control

The school bathrooms are sanitized each day.

Hands are washed before and after changing diapers, after bathroom use and before handling any food items.

Diaper changing procedures are posted in the bathroom.

If your child is ill in the morning, we **require** you to call and discuss the situation with us **prior** to bringing him/her into the school. We can assess their fitness for school, thus avoiding exposing others to illness and necessitating a parent to leave work to take their child home.

## **Who Can Pick Up our Child?**

Only authorized individuals listed on the enrollment form will be allowed to pick up children from the school. You must advise us in advance if someone other than an authorized individual is to pick up your child.

## **Attendance and Payment Policy**

In order to better serve our clients and ensure stable staffing and financial viability, the Alia for Early intervention (AEI) implements the following payment schedule and attendance policies. The fee schedule is based on the annual calendar and direct costs for education staff. The annual calendar is subject to change. All fees will be assessed and invoiced on a monthly basis.

### **Attendance Hours**

#### 1:1 Teaching Programs:

Morning programs: 7:45 a.m. – 1:30pm Sundays thru Thursday (Sat from 7:45-1:00)

Afternoon program: 2:15 p.m. – 6:15 p.m. Sundays thru Thursday

(Saturday 1:15p.m.-5:15p.m.)

#### 2:1 Teaching Program:

7:45 a.m. – 1:00pm Saturday thru Thursday

### **Fee Schedules and Payment Options**

#### **Tuition Payment:**

BD 130/Month per month – Morning 1:1 Program

BD 200/Month – Afternoon 1:1 Program

BD 250/Month – Morning 2:1 Program (Plus BD 50 non refundable registration fee)

Tuition payments are required in advance of service delivery. Any payments not received by the end of the month may result in disenrollment from the program.

#### **Tuition fees exemption or reduction:**

Families may not apply during the first year of enrollment

After a year, families may apply by submitting a letter of request to the board of directors with supporting documents of family salary slips and bank accounts...ect

Priority shall be given to Bahrain Nationals

### **Attendance**

In order for appropriate services to be delivered to children with autism, attendance must be structured and consistent. Competent and experienced staff cannot be maintained if fees do not generate stable funding levels. Children absent due to sickness or family needs will not result in a reduced tuition rate for the month. Absence due to illness for more than ten service days during the calendar year (Sep 2010 – Aug 2011) may result in disenrollment. The total percentage of a student's attendance must not be less than 85 percent per year.

### On-time Arrival and Pick-up

Children must arrive on-time and be picked up promptly at the end of session. This ensures appropriate services are delivered and clinician's time is effectively and efficiently utilized. Parents/clients should call the center at 17730960 if they cannot meet

the scheduled arrival or departure times. This will ensure that staff is prepared to receive the child with minimal disruption to the other students who have already started session.

Unscheduled late pick-ups may be subject to the after hours care charges outlined below. A charge of BD 1 for every hour after the assigned pickup time, starting from the first 15 minutes after the allocated time.

**Program Disenrollment and Schedule Changes** Due to our staffing ratio, we require a 30 day notice for disenrollment and/or changes to a child's schedule in order to provide adequate notice to employees. Alia for Early intervention (AEI) is a nonprofit organization whose mission is to provide access to effective treatment for individuals and families affected by autism in the Kingdom of Bahrain, enabling those affected by autism to reach their full potential.

This application packet must be completed and submitted prior to the start of your child's program. The following checklist outlines the contents of the application packet:

#### **Student Registration Form**

Please fill out completely and include a current picture of your child. Attach a copy of your child passport and CPR.

Please fill out the following in their entirety:

- **Developmental Goals**

Complete this form carefully. It will become a permanent part of your child's medical record. Any information recorded is strictly confidential. Please make a photocopy for your records.

- **Behavior Questionnaire**
- **Diet Form**
- **Emergency Contact and Medical Information for a Child**
- **Parent Release Form for Media Recording**
- **Student pickup authorization**
- **Student Learning Contract**
- **Observation guidelines form**
- **Confidentiality Policy**

#### **Payment**

Payment is due at time of service. We accept checks or credit cards (Visa or Mastercard).



**Bahrain Society for Children with  
Behavioral and Communication Difficulties  
Student Application and Intake Information Form**

Application#: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          DD    MM    YY

**NOTE:** Please fill out this form and hand it to the admissions secretary at our early intervention center.  
This fee does not guarantee placement at the center. This form may be used when scheduling an appointment for individual consultations.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
C.P.R. #: \_\_\_\_\_ Address: \_\_\_\_\_  
Family Contact Person(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
  Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
  E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
  Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Day Phone(s): \_\_\_\_\_  
  Evening Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**MEDICAL HISTORY:**  
Please list any significant information regarding the child's gestation and delivery (including prematurely or birth complications).

Please list any of the child's diagnoses and the dates they were made. Please include health related as well as developmental diagnoses. (Please attach additional sheet if needed)

Diagnosis \_\_\_\_\_ Date: \_\_\_\_\_  
Diagnosis \_\_\_\_\_ Date: \_\_\_\_\_  
Diagnosis \_\_\_\_\_ Date: \_\_\_\_\_  
Diagnosis \_\_\_\_\_ Date: \_\_\_\_\_

Please list any significant past injuries, surgeries or extended illnesses and the dates they occurred. (Please attach additional sheet if needed).

Event \_\_\_\_\_ Date: \_\_\_\_\_  
Event \_\_\_\_\_ Date: \_\_\_\_\_  
Event \_\_\_\_\_ Date: \_\_\_\_\_

Please list any medications the child is currently taking. (Please attach additional sheet if needed).

Name: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_  
Name: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_  
Name: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Allergies:

- Environmental \_\_\_\_\_
- Food \_\_\_\_\_
- Medication \_\_\_\_\_ Is

the child currently medically stable? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain \_\_\_\_\_ Is

the child's vision within normal limits? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

If no, please explain \_\_\_\_\_ Is

the child's hearing within normal limits? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

If no, please explain \_\_\_\_\_ Is

the child's weight within normal limits? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

If no, please explain \_\_\_\_\_

Does the child refuse food? \_\_\_\_ Yes \_\_\_\_ No

**EDUCATIONAL, BEHAVIORAL TRAINING AND TREATMENT HISTORY:**

Please list previous schools, outpatient therapy programs, home programming and other treatment modalities from the earliest to the most recent. (Please attach additional sheet if needed)

Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



Name of school, program or independent specialist: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Model/discipline, if known (discreet trial, verbal behavior, speech therapy, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Does the child have full range of motion in his/her arms and legs and is able to make all gross motor movements that are typical of children the same age?  Yes  No

If no, please describe \_\_\_\_\_

Does the child have full use of his/her hands and fingers and is able to make all fine motor movements that are typical of children the same age?  Yes  No

If no, please describe \_\_\_\_\_

**CURRENT FUNCTIONAL SKILLS (NON-VERBAL):**

Please check the following conditions under which the child demonstrates caution:

electric outlets                       heights                       traffic                       sharp objects  
 toxins/pills (won't ingest)                       strangers                       water

Please check the following activities that the child is able to complete independently. Write [A] in front of tasks that she/he can do with some assistance and [P] if verbal prompts are needed:

pick up small items with fingers                       manipulate objects with both hands                       throw a ball  
 use stairs     run                       jump                       swim                       use slide                       use swing                        
 use monkey bars  
 put on clothing, (list items): \_\_\_\_\_  
 take off clothing, (list items)  
\_\_\_\_\_  
 use buttons                       use zippers                       tie laces  
 identify when needs to use bathroom                       go to the location of bathroom                       use toilet correctly  
 wash hands                       brush teeth                       comb or brush hair                       bathe or shower  
 eats with utensils                       drinks from a regular cup                       uses napkin at meals  
 participates in room or house cleaning, (list tasks): \_\_\_\_\_  
 operates television                       remote control                       other small appliances  
 List additional items: \_\_\_\_\_

Does the child currently use diapers or disposable briefs  Yes  No

Please indicate below any problem behaviors that the child demonstrates. Please be as thorough as possible and include behavior problems that you consider minor as well as those that are of concern to you. The center's staff will conduct a more detailed assessment of these during an initial evaluation.

- Aggression toward others?    \_\_\_ Yes    \_\_\_ No  
If yes, has any injury occurred?    \_\_\_ Yes    \_\_\_ No    If yes, describe \_\_\_\_\_
- Aggression toward self?    \_\_\_ Yes    \_\_\_ No  
If yes, has any injury occurred?    \_\_\_ Yes    \_\_\_ No    If yes, describe \_\_\_\_\_
- Highly disruptive behavior?    \_\_\_ Yes    \_\_\_ No    If yes, describe \_\_\_\_\_
- Swallowing inedible objects?    \_\_\_ Yes    \_\_\_ No

All other behavioral problem, including minor ones:

\_\_\_\_\_  
\_\_\_\_\_

What support services are you interested in? (School Based Program, Home Based programs, behavioral consultation, information on autism, etc.)

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Our Early Intervention Center.?

\_\_\_\_\_

I affirm that all information included in this application is true and correct. I understand that all requests for admission are subject to approval by the Admissions Committee of Alia for Early Intervention. If the application is approved for initial evaluation, one will be scheduled for your child. Information collected from this application as well as from the initial evaluation, should one be scheduled, will be used for admission consideration.

\_\_\_\_\_  
Name of Parent or Guardian of potential student (Please print)

\_\_\_\_\_  
(Date)

**For Official Use**

Status:     Accepted     Withdrawn     Other \_\_\_\_\_

Waiting List     In-Process

Financial Standing:     Sponsored     None Sponsored

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEVELOPMENTAL GOALS

*Please tell us what you consider to be important goals for your child in the following areas:*

Communication:

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Social Skills and Relationship Development:

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Sensory Integration and Motor Skills Development:

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Structured Learning, Pre- Academics, and Academic Skills:

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## Our Family

As a family we'd like to be able to...

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Places in the community we enjoy are...

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Places in the community that are sometimes difficult...

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The Alia for Early intervention (AEI) can help our family by...

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If you feel like there is additional information you would like to provide that would help us know you or your child better, please list that information below. We look forward to getting to know your child!

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## DIET FORM

In order to better ensure that we are following through with your child's dietary intervention, we ask that you take a moment and answer these questions concerning his/her dietary modifications.

1. Is your child on a restricted diet?

- a. Yes                      b. No

If yes, which one(s)? \_\_\_\_\_

2. What dietary elimination(s) are currently being used (gluten, milk, yeast, soy, corn, eggs, others)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long has your child been on the diet?

\_\_\_\_\_  
\_\_\_\_\_

4. Is your child on an elimination and rotation diet?

- a. Yes  
b. No

If yes, please describe your routine/schedule:

\_\_\_\_\_  
\_\_\_\_\_

Please provide us with any additional information and/or requests (attach)

Child: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature): \_\_\_\_\_



For a brighter future!

## Emergency Contact and Medical Information for a Child

Child's Name _____		Date of Birth _____		M	F
				Sex	
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____			
( ) _____	( ) _____	( ) _____	( ) _____		
Home Phone	Work Phone	Home Phone	Work Phone		
Address _____		Address _____			
City _____		Country _____			

## Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
( ) _____	( ) _____	( ) _____	( ) _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____		Address _____	
City _____		Country _____	

## Medical Information

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____	Date _____
Parent's/Guardian's Signature _____	Date _____
Witness Signature _____	Date _____



## Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Alia for Early Intervention to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the school's Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
  - Limited usage:** I want my child's image used within the Alia for Early Intervention setting only (not in the larger community).
  - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Alia for Early Intervention or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Alia for Early Intervention for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian Name: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



# Mandatory: Student Pick-Up Authorization

During the year, it may be necessary for your child to be picked up after school or during the school day, by someone other than a parent. We would like to have a record on file of the adults you have authorized for this purpose. Caregivers and others authorized to pickup must have a valid ID.

Name of Child: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_

**The following adults may pick up my child from AEI when I am unable to do so:**

Name	Relationship	Phone/CellNumbers

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name

Parent Signature





## Student Learning Contract

All parties agree that academic success is the product of a cooperative effort. To insure that \_\_\_\_\_ will benefit from this union, each party has the following responsibilities:

As a parent I will:

1. Spend 15 minutes per day working with my child on mastered skills.
2. Monitor my child's schoolwork and extracurricular activities.
3. Call to set up a parent-teacher conference at least every four months.
4. Attend all parent-teacher conferences.
5. Volunteer my time for at least 2 school activities.
6. Make sure that my child is following the GFCF diet as recommended for individuals with behavioral and or communication difficulties.

Teachers/behavioral technicians of AEI will:

1. Provide a safe comfortable environment for students.
2. Provide ample time for students to receive extra help after school.
3. Enforce school rules and behavioral intervention practices consistently.
4. Provide students with clear and concise expectations.
5. Work to make learning an enjoyable experience.

**Signed:**

**Parent/Guardian Name:** \_\_\_\_\_

**Parent Signature:** X \_\_\_\_\_  
X \_\_\_\_\_

**Administration Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Day                      Month                      Year**

## SWIMMING INFORMATION AND CONSENT FORM

Dear Parent or Guardian,

The class in which your child participates will be participating in Bi-weekly swimming/water activity lessons at our school. This will be for the duration of the summer starting next week.

These lessons form an important part of the Personal Development, Health and PE program at our school. There is no cost associated with these lessons since the school pool will be used.

The group will always be supervised by the swimming teacher and class staff.

Additional information - Children will be required to bring their own swimming costume, towel, plastic bag and any other clothing particular to their needs.

The school will provide the following flotation devices to students who may require assistance in the water: Swimming tubes.



### Swimming Consent Form

I hereby consent to \_\_\_\_\_ participating in weekly swimming / water activity lessons at Alia for early intervention  
Special needs of my child which you should be aware (eg. allergies, medication - please provide full details):

\_\_\_\_\_

\_\_\_\_\_

I advise that my child is a (Please circle): strong / average / poor / non-swimmer\*.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

All parents must attend a minimum of three observation sessions per year in order to follow up his/her child's progress at AEI. Family members and outside professionals are welcome to observe our program. To minimize program interruption, observation in the classroom must be scheduled one week in advance with a clinical representative. Siblings and other small children are not allowed in the classroom during these visits. The Center has a designated observation area that is always accessible to parents during center hours. Professionals and other care givers must schedule all observations one week in advance. Upon arrival to the Center, visitors must report to the office manager and sign-in on the visitors' log.

## **The Alia for Early intervention (AEI)**

### **OBSERVATION GUIDELINES**

Please feel welcome in our learning center rooms. We are glad you have an interest in our program and hope you have an enjoyable and informative visit. As a courtesy to the children in our program, please observe the following guidelines during your time here.

1. Please sit in a place that you are comfortable yet allows for minimal distraction to the students. If a child approaches you, you may engage him minimally; taking the lead from the nearest teacher as to the level of your engagement. By interacting with a child you may unintentionally be diverting his attention from what he is doing. **Please do not engage a child unless he engages you first and the teacher who is working with the child indicates that it would be okay to respond.**
2. If you have any questions, please reserve them for the tour coordinator at the end of your observation. Please do not interrupt teachers with questions or comments as they work.
3. Please do not engage in conversation with other observers as it may distract the children who are busy learning in our program.
4. Please refrain from eating or drinking in front of the children.

5. After you leave the observation, please respect the children's right to confidentiality and do not discuss the children or their treatment and/or progress with anyone outside The Alia for Early intervention (AEI).

6. Enjoy your visit and feel free to ask questions of the tour coordinator.

**\*I have read the above policies and agree to them. I understand that I am responsible for timely payment of all fees, and in the event of a third party payer, I am ultimately responsible for payment should the other party fail to do so.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_

\_\_\_\_\_  
Day Phone \_\_\_\_\_

\_\_\_\_\_  
Night Phone

\_\_\_\_\_  
Email Address



## Confidentiality Policy

It is the policy and practice of the Alia for Early intervention (AEI) that all client information is held in strict confidence. It is also the policy that all employees, contractors, volunteers, parents, and agents sign this affidavit yearly as a reminder of our clients' right to confidentiality.

Breach of confidentiality is described as any indication of knowledge of any aspect of any client's treatment in all settings. Such indication might include the client's name or any identifying reference to the case except in situations as specifically defined by the Alia for Early intervention (AEI)'s Director. The client record is to be carefully safeguarded, as are billing records, correspondence, and reports generated.

If such breach of confidentiality occurs, inadvertently or purposefully, it will be regarded as willful misconduct and may result in disciplinary action which might include dismissal.

I have read this policy and understand and concur:

Signature \_\_\_\_\_

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date: