

## Application for Admission to ASSERT

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

Filled Out By: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Siblings (name and age): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Home School: \_\_\_\_\_

Teacher: \_\_\_\_\_

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

Diagnosed By: \_\_\_\_\_

When Diagnosed: \_\_\_\_\_

Characteristics of ASD: \_\_\_\_\_

Short description of child's abilities and behavioral challenges: \_\_\_\_\_

Help/Support requested in following areas: \_\_\_\_\_