

The Achievement Center of Texas
Application and Request for Services
2950 N. Shiloh Rd. Garland, TX 75044

Student Name: _____ SS#: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Dart I.D.: _____

Age: _____ Sex: _____ Date of Birth: _____ Phone: _____

Public School Attending: _____ Teacher: _____

Address of Public School: _____

Physicians Name: _____ Address: _____

Hospital of Choice: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mothers Name: _____ Home Phone: _____ Cell: _____

Mothers Address: _____ City: _____ State: _____ Zip: _____

Mothers Employer: _____ Phone: _____

Mothers Drivers' License: _____ SS# _____

Fathers Name: _____ Home Phone: _____ Cell: _____

Fathers Address: _____ City: _____ State: _____ Zip: _____

Fathers Employer: _____ Phone: _____

Fathers Drivers' License: _____ SS# _____

Guardian (If other than parent): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian's Employer: _____ Phone: _____

HCS or TXHL Agency: _____ Phone: _____

Case Worker's Name: _____ Phone: _____

Parent or Guardian Employment and Insurance Information

Mothers Employer: _____

Employers Address: _____

Do you have medical coverage and hospitalization coverage for your student? _____

Name of Insurer: _____

Does your student have Medicaid? _____ Medicaid Number: _____

Fathers Employer: _____

Employers Address: _____

Do you have medical coverage and hospitalization coverage for your student? _____

Name of insurer: _____

Does your student have Medicaid? _____ Medicaid Number: _____

Allergies and Other Medical Information

Does your student have allergies? _____ Yes _____ No

If yes, please specify: _____

Has your student had any particular reactions to any drugs? _____ Yes _____ No

If Yes, Please specify: _____

Seizures

Does your student have Seizures? _____ Yes _____ No

Please specify the type of seizures: _____

How often? _____ Length of seizure in minutes: _____

Has your student ever stopped breathing during a seizure? _____ Yes _____ No

Please explain: _____

Does your student wear a helmet for protection? _____ Yes _____ No

Does your student fall suddenly or does he/she have a warning sign? _____

Ambulatory

Is your student ambulatory? (Able to walk and move about independently) _____

Does your student require adaptive equipment? (Ex: Wheelchair, braces, crutches, walker, AFOs) _____

Emergency Information

Student Name: _____

IN CASE PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY SITUATION, THE FOLLOWING ARE TO BE CONTACTED: (PLEASE MAKE SURE YOU GIVE US 3 NAMES)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

NAME OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM THE ACHIEVEMENT CENTER OF TEXAS:

Name: _____ Driver's License: _____

Name: _____ Driver's License: _____

Name: _____ Driver's License: _____

Please understand that we are unable to release your student to anyone not listed above.

Please select a code word for staff to verify that it is you on the phone when you call to change any information over the phone. Code word: _____

List any allergies to medications: _____

List any food or product allergies: _____

Please provide any information that is vital to your student's health or safety: _____

PLEASE NOTE THAT THE CLOSING TIME OF THE ACHIEVEMENT CENTER OF TEXAS IS 6 P.M. IF A STUDENT IS NOT PICKED UP BY 7 P.M. THE STAFF IS REQUIRED TO CONTACT THE GARLAND POLICE DEPARTMENT. IF YOU ARE STUCK IN TRAFFIC OR YOU HAVE HAD AN ACCIDENT AND WILL NOT REACH THE CENTER BY 7P.M. YOU MUST CALL THE ACHIEVEMENT CENTER OF TEXAS AT (972) 414- 7700 WITH INSTRUCTIONS.

Achievement Center of Texas
Authorization for Medical Treatment

Name of Student _____ Date of Birth ____/____/____ Allergies/Special Conditions _____

I, We being parent(s) or legal guardian of the above named student of The Achievement Center of Texas do hereby appoint:

Staff of The Achievement Center of Texas, 2950 N. Shiloh Rd. Garland, TX 75044

To act in my (out) behalf in authorizing unexpected medical care and hospitalization for the above named student during the period of my absence. I realize that I have stated the hospital of my choice as _____, but that in most emergencies the EMT will take my student to Baylor Medical Center at Garland, which is the closest hospital.

This document shall be presented to the physician or appropriate hospital representative at such time as unexpected medical, surgical, or hospitalization may be required.

| | |
|---------------------------|----------------------------|
| Parent/Guardian Signature | Parent/ Guardian Signature |
| Address | Address |
| Date | Date |

Hospitalization coverage for the above named insured student is:

| | |
|-----------------------------------------|------------------------|
| Insurance Company or Government program | I.D. or Contact number |
| Family Physician | Phone number |

This document must be notarized:

State of Texas

County of Dallas

Subscribed and sworn before me, A notary in and for Dallas County, Texas, This the _____
Day of _____ 20_____

My Commission Expires

Achievement Center of Texas
Medication Administration Release

I, _____, Parent/ Guardian of _____ do hereby give my permission for staff of The Achievement Center of Texas to administer medications to my student in accordance with his/her doctor's orders and the matching prescription on the original container of the medication. I hold harmless the staff and The Achievement Center of Texas should a medication error occur. I understand that the staff giving medications (other than our nurse) are not licensed and are only following the written medication instructions I have provided from my students physician. Also, I will be responsible to furnish the correct medication to the Achievement Center of Texas staff in its original container with a matching physicians order and understand that should the original container contain information that is different from the doctors written orders; the staff at The Achievement Center of Texas will NOT administer these medications. In addition, I understand that any changes in medication that occur thereafter will be provided in writing to the staff before any change in medication can be administered.

Parent/ Guardian Signature

Date



Original Container



Must match



Physicians Prescription

**Achievement Center of Texas
Physician Medication Order Form**

Students Name: _____

I, _____, physician for: _____

Do hereby order the below listed medications. Nursing staff at The Achievement Center of Texas shall administer these medications as ordered.

| Name of medication | Route | Dose | Time | Special Instructions |
|--------------------|-------|------|------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other medications this student is currently taking, but which are not administered by Achievement Center staff: (This information is very important that we have on file in case of emergency. Paramedic and doctors need to know all medications being taken at home)

| Name of Medication | Route | Dose | Time | Special Instructions |
|--------------------|-------|------|------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Allergies to Medications: _____

Physicians Signature: _____ **Date:** _____

Physicians Address: _____ **Phone:** _____

Immunization Record and Physicians Health Report

Name: _____ Birthdate: ____/____/____
 Parent Name: _____ Phone: _____
 Home Address: _____

Immunization Record

Diphtheria Pertussis Tetanus (DPT) _____ Original #1 #2 #3
 Boosters _____ Original #1 #2 #3
 Polio _____ OPV _____ #1 #2 #3
 Measles _____ (Date) _____ Small Pox (Date) _____
 Mumps _____ (Date) _____ Rubella (Date) _____
 Other Immunizations _____ (Date) _____ TB Test (Date) _____

Health History

| Has Child Had: | Yes | No | Date |
|--------------------------------|-----|----|------|
| Measles | | | |
| Mumps | | | |
| Chicken Pox | | | |
| Seizures | | | |
| Frequent Bedwetting | | | |
| Urinary tract infection | | | |
| Rheumatic Fever | | | |
| Frequent Colds and/or earaches | | | |
| Hospitalizations | | | |
| Hepatitis | | | |
| Other | | | |

Are there any diseases which run in your family? ____ Yes ____ No (Examples: Heart disease, diabetes, sickle cell, TB, etc.) Please explain: _____

****Physicians Statement****

Client's height _____ Weight _____ Blood pressure _____

| Does exam reveal any abnormality in: | ABN | NORM | Description of abnormal findings and medication |
|--------------------------------------|-----|------|-------------------------------------------------|
| Allergies | | | |
| Neurological Exam | | | |
| Speech | | | |
| Skin | | | |
| Vision | | | |
| Nose/throat | | | |
| Heart | | | |
| Lungs | | | |
| Abdomen (inc. hernias) | | | |

Doctors Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in activities of The Achievement Center of Texas.

Physicians Signature

Date

Achievement Center of Texas
Functional Living Skills Assessment

In order for us to gain a better understanding of your student, please fill out the assessment below so we can share the information with their teachers.

Feeding Skills: Describe your students feeding skills (Circle all that apply)

Feeds Self Partially Feeds Self Needs to be fed Requires adaptive equipment (i.e. Feeding tube)

Special Instrusctions: _____

Does your student have any food allergies? ____ Yes ____ NO, If yes, please list: _____

Medication Information:

Does your student have medication allergies? ____ Yes ____ No If yes, Please list: _____

Does your student have seizures? ____ Yes ____ No If yes, How long do they last? _____ mins.

How often do they occur? _____

Dressing Skills:

____ Dresses self ____ Partially dresses self ____ Needs to be dressed

Special dressing instructions: _____

Toileting Skills:

____ Completely toilet trained ____ Needs to be taken on schedule ____ Wears diapers

If your student wears diapers please specify which ones? _____

Special toileting or diapering instructions: _____

****Note:** We do not supply diapers at The Achievement Center please keep your students classrooms stocked with diapers, wipes, and other toileting supplies.

Personal Hygiene:

Does your student take care of his/her own personal hygiene? ____ Yes ____ No Do he/she need assistance? ____ Yes ____ No If yes, please explain _____

Does your student menstruate? ____ Yes ____ No If yes, please supply pads

Does your student masturbate? ____ Yes ____ No If yes, how do you want this to be handled? _____

Behavior: Does your student have behaviors? _____ If your child has any behaviors please circle the ones that apply

| | | | | |
|-----------|------------|-----------|--------------|-------------|
| Tantrums | Screams | Bites | Hits | Spits |
| Scratches | Pulls hair | Kicks | Head bangs | Slaps |
| Steals | Withdrawn | Moody | Aggressive | Pinches |
| Depressed | Curses | Runs away | Self-abusive | Destructive |

Achievement Center of Texas Permission Slips



Permission to participate in water activities:

I, hereby, give permission for my child/adult to participate in water activities planned by the Achievement Center of Texas. I understand that he/she will be continually supervised and that safety rules will be enforced. This permission covers all regular scheduled swimming and water play and is valid for one year from the date stated below.

Parent/Guardian

Student

Date



Permission to Transport:

The Achievement Center of Texas has my permission to transport my child/adult on excursions and other planned field trips to off campus activities. I understand that precautions will be taken to ensure the safety and health of my child/adult. This permission pertains to regularly scheduled and posted field trips and is valid one year from the date stated below. Any special events or unscheduled field trips will require a separate permission slip.

Parent/Guardian

Student

Date



Permission to be photographed:

The Achievement Center of Texas has my permission to photograph my child/adult during the time he/she is involved in center activities. This permission is granted on the assumption that these photographs will only be used for classroom projects, thank you cards, the ACT scrapbook and video, public speaking portfolio, news articles, and an ACT brochure. Any other photos, videos, TV commercials, public service announcements, and websites will require individual specific, dated permission slips. This permission is granted for one year form the date stated below.

Parent/Guardian

Student

Date

Achievement Center of Texas Permission Slips

I.E.P. and/or Assessments/ Records Release

I, hereby, give permission for _____ to release a copy of the current

School's name

individual education plan or other records and assessments as specified to the Achievement Center of Texas for my Child/Adult.

Parent/Guardian

Student (18+)

Date

Permission to use name:

I, hereby, give my permission for the Achievement Center of Texas to use my child/adult's name in their publicity, news articles, and publications. Also I give permission for art and other projects created by my child/adult to be displayed with his/her name on it. This permission is valid one year from the date stated below. Any large scale promotions, news articles, or TV coverage will require an individual specific and dated permission slip.

Parent/Guardian

Student (18+)

Date

Notification of Client Rights:

This is to confirm that I have been informed of my rights and those of my child/adult who is in attendance of the Achievement Center of Texas by the administrative staff of the center, and I have been informed that a copy of the "Clients Rights" is available to me at any time and is on display in the Achievement Center of Texas office.

Parent/Guardian

Student (18+)

Date

****THE ABOVE PERMISSIONS SLIPS AND THOSE ON PRECEDING PAGES ARE IN NO WAY INTENDED AS A WAIVER OR RELEASE OF RESPONSIBILITY****

Achievement Center of Texas Recreational Activities

Recreation plays an important part in all our lives. Through recreation one learns social skills, communication skills, language, cognitive skills, the ability to make choices, good health practices, balance, coordination, stress reduction, building self-esteem, making friends, and having fun.

The following is a list of activities in which ACT students might participate: Please circle those activities in which you would permit your student to participate should the occasion arise.

Please circle all the activities in which you would permit your student to participate:

- | | | | |
|------------------|----------------|-----------------------|---------------|
| Water activities | Bowling | Picnics | Movies |
| Restaurants | Museums | Skating | Airport |
| Ranch | Science place | Nature Studies | Parks |
| IMAX Theatre | Arboretum | Dallas World Aquarium | Game Centers |
| Carnivals | The State Fair | The Mall | Grocery Store |

Permission:

I, the parent or guardian of _____ do hereby give my permission for my student named above to participate in the above ACT recreational activities should the occasion arise. I also give my permission for my student to be transported to those activities. I understand that he/she will be supervised and that every precaution will be taken to assure his/her safety.

Parent/Guardian Signature

Date

(This permission slip is valid for one year from date and good for the above mentioned activities only unless I specify otherwise. All other non-scheduled activities will require another individual/ specific permission slip)

Notice of Video Recording Equipment

Dear Parents & Guardians,

I am sure all of you are aware that our building is covered with cameras for the safety of our students and staff and also for the protection of parents and others entering our parking lot. In addition, there is a large monitor in the front office and another large monitor in my office so that the classrooms can be observed throughout the day.

It has been brought to our attention that we need a form signed by our parents/guardians acknowledging that you are aware that we have cameras inside and out and that your student for 10 days and then it is erased automatically.

Please sign below acknowledging that you know that the Achievement Center of Texas has cameras installed throughout the building, playground area and parking lot. Thanks!

Marilynne Serie

I, hereby, acknowledge that I am aware that the Achievement Center of Texas has cameras installed throughout the building and grounds for the safety of my student(s) and their teachers.

Name (Please Print)

Student's Name

Signature

Date

Achievement Center of Texas Fee Schedule

Most fees are based on the level of need of the student for day habilitation as set by contract between ACT and your students HCS or TXHL agency. All other fees for other programs are below and are private pay:

| Program: | Program Fee: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Before school only | \$25.00 per week |
| After school only | \$75.00 per week |
| Before and after school | \$100.00 per week |
| Full day | \$150.00 per week |
| Half day students (7am-12 noon, or 1pm-6pm) | \$80.00 per week |
| After workshop or supported employment | \$40.00 per week |
| Drop-in Rate | \$40.00 per day |
| Before and after workshop | \$50.00 per week |
| Exploring special arts (This is a totally separate program from Day habilitation and is charged separately) ESA times: 7am-8:30am & 3:30pm-6pm | \$50.00 per week |
| ANNUAL APPLICATION FEE | \$35.00 |

DAY HABILITATION CLASSES ARE FROM 8:30 A.M. TO 3:30 P.M.

Closing time is 6 p.m. Monday- Friday

There is a grace period until 6:15 p.m. However, after 6:15 p.m. there is a late pick up charge of \$5.00 for every 15 minutes. Habitual late-pick-ups may jeopardize your slot at The Achievement Center of Texas. **STAFF IS INSTRUCTED TO NOTIFY THE GARLAND POLICE DEPARTMENT FOR STUDENTS WHO HAVE NOT BEEN PICKED UP BY 7P.M.**

By signing below you understand the payment schedule above and that payment is expected on the Monday prior to services being provided. You agree that you have been provided a copy of the fee schedule and that you will adhere to all fees. You also understand our late pick up policy and agree to pay any charges that have been incurred.

Parent Signature: _____ Date: ___/___/_____

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PAYMENT IS EXPECTED ON THE MONDAY PRIOR TO SERVICES BEING PROVIDED.

ACHIEVEMENT CENTER OF TEXAS

DISCIPLINARY ACTION PLAN

Reviewed and revised March 15, 2012

It is a strict policy of the Achievement Center of Texas to enforce our Disciplinary Action Plan in order to achieve the best outcomes for the individual student and for the health and safety of our students and staff. It is the belief of the Achievement Center that our students do not benefit directly or indirectly from any kind of physical, mental, emotional or verbal punishment, but instead discipline is a training tool to achieve acceptable behaviors while preserving one's self esteem, self-confidence and dignity. Our plan is a sequence of steps to lead to obtaining a desired behavior and instructing an individual as to why a behavior is unacceptable and what choices he or she has to act in a way that has a positive outcome and addresses his or her needs which brought about the unacceptable behavior to begin with.

The steps are as follows:

STEP 1: VERBAL INTERVENTION

The student(s) are first asked in a calm voice to refrain from continuing whatever behavior is deemed inappropriate. This warning will include

an explanation of what the student is doing that is unacceptable, why it is unacceptable and a demonstration of what is acceptable.

STEP 2: REDIRECTION

Once the student is calm, the staff must redirect the student to a calm environment so the individual can contemplate what he or she was doing and what needs to change. Then staff can provide alternative activities to achieve redirection. These activities should not be done in the exact environment as before so as to avoid a recurrence of the original action. Staff will also view the situation and remove any items which may have caused the problem.

STEP 3: COOL DOWN

The cooling off period should take place immediately after the intervention and redirection so that behaviors will not escalate and students can learn to calm down. It is often good to give the student space and time to achieve calm in order for anger or frustration to subside. If the student wants to talk about it, a good listener should be assigned to provide a means for the student to talk calmly. This person should not be a person who is one who lectures, scolds, or is demeaning. This person is not to fix the situation, just listen and try to uncover what caused the inappropriate behavior so that a change can be made to the classroom environment to help avoid that behavior in the future.

STEP 4: CONVERSATION

Often the individual just needs someone to talk to and with. The person assigned to do this should be a mild mannered, soft spoken person. We do not want behaviors to escalate again. This is where some open ended questions could be introduced such as "what would you like to do to feel better?" "what can be done to help this situation so that you do not become angry again?" Do not ask yes or no questions if possible. Always explain that you see that the person is upset and ask what they think could be done to remedy the situation...not what you can do.

STEP 5: RESTRAINT

The Achievement Center staff is trained to intervene without the use of restraints. If a student is out of control after using all of the above, the least restrictive restraint can be used such as holding a student's hand to prevent him or her from hurting themselves or others or destroying property. Light touch restraint often calms the person so they know they are safe and someone cares. A calm voice helps as well.

It is important to avoid full restraint as much as possible, but it is the staff's responsibility to protect the clients and other staff. If a student becomes so violent that one cannot calm them, only then can a full restraint be enacted. This is to be used only a last resort after all else

has been tried and failed. During the restraint, the staff continues calming conversation so the student can communicate his needs. Staff is trained in Crisis Intervention and will resort to that ONLY when absolutely necessary.

STEP 6: SENT HOME

The final step in the disciplinary action plan is to notify the parent and request that the student be picked up. If the student has a behavior plan, that should be reviewed for other suggestions to make sure all methods of achieving appropriate behaviors have been attempted. Students may return the next day and they will be treated as if nothing happened the day before. ACT staff are not permitted to continue any kind of disciplinary action after the incident is over as this may cause a repeat of the action when the student feels bad about him or herself and acts out to cover their feelings of insecurity, frustration, inadequacy or other problems they may having.

Due to the fact that behavior is often a part of one's disability, every effort will be taken to take steps that will help the individual to choose a solution that will address their special needs and substitute an appropriate behavior for an inappropriate one. Practice often makes perfect, but they must do it for themselves.