

The Achievement Center of Texas  
Application and Request for Services  
302 N Barnes Dr. Garland, Tx 75042

Student Name: \_\_\_\_\_ Dart I.D.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

Does your student have Medicaid? \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Public School Attending: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Address: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's email : \_\_\_\_\_

Mother's Drivers' License: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Drivers' License: \_\_\_\_\_

Guardian (If other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardians Emergency Contact Number: \_\_\_\_\_

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: \_\_\_\_\_

Fathers Employer: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Do you have medical coverage and hospitalization coverage for your student? \_\_\_\_\_

Name of insurer: \_\_\_\_\_

**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? \_\_\_\_\_

Date of Last seizure: \_\_\_\_\_

Describe what a typical seizure looks like for your student: \_\_\_\_\_

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

**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**

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: (Parent/Guardian names do not need to be included on the pick-up list. If you send someone not on the pick-up list we will call to verify. WE WILL NOT RELEASE ANY STUDENTS TO UNKNOWN PERSONS WITHOUT PRIOR AUTHORIZATION. For the safety of our students this policy is strictly enforced.)

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

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: \_\_\_\_\_

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 5 P.M. IF A STUDENT IS NOT PICKED UP BY 6 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 6P.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, 302 N Barnes Dr. Garland, Tx 75042**

to act on my (our) 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 Richardson Methodist, 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

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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 student's 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 physician's order and understand that should the original container contain information that is different from the doctor's 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: \_\_\_\_\_

\*\*Physician's 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: \_\_\_\_\_

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**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

Special toileting or diapering instructions: \_\_\_\_\_

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**\*\*Note:** Due to limited space, please only send the appropriate amount of diapering supplies for each day.

Does your student take care of his/her own personal hygiene? \_\_\_\_ Yes \_\_\_\_ No

Does he/she need assistance? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain \_\_\_\_\_

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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?

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**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

Permission to use name:

I, hereby, give my permission for the Achievement Center of Texas to use my child/adult’s first 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 first 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 PERMISSION SLIPS AND THOSE ON PRECEDING PAGES ARE IN NO WAY INTENDED AS A WAIVER OR RELEASE OF RESPONSIBILITY\*\***

**Notice of Video Recording Equipment**

Dear Parents & Guardians,

For the safety of our students and staff our building is covered with cameras. 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.

This, signed by our parents/guardians acknowledges that you are aware that we have cameras inside and outside and that your student is under digital monitoring while at the Achievement Center of Texas. The video files are stored for 10 days and then it is erased automatically.

Please sign below acknowledging that you are aware that the Achievement Center of Texas has cameras installed throughout the building and parking lot. Thanks!

Andrew Mlcak

Ed@achievementcenteroftexas.org

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 student’s HCS or TXHL agency. All other fees for other programs are below and are private pay:

<b>Program:</b>	<b>Program Fee:</b>
<b>One-time Application Fee</b>	\$35.00
<b>Annual Supply Fee (gloves, wipes, snacks)</b>	\$100.00 annually
<b>Full day</b> (full access to all operating hours)	\$225.00 per week
<b>Half day students</b> (8am-12 noon, or 1pm-5pm)	\$125.00 per week
<b>Drop-in Rate</b> (*only with space/ratio availability)	\$50.00 per day
<b>After care ISS</b> (3pm-5pm)	\$100.00 per week
<b>Exploring special arts</b> (This is a totally separate program from Individualized Skills and Socialization and is charged separately) ESA times: 3pm-5pm	\$100.00 per week

**Individualized Skills and Socialization hours are from 8:00 AM TO 3:00 PM**

**All students should arrive at the center no later than 9:00 AM to begin onsite/offsite activities.**

Agency students should attend for at least 5 hours and be picked up no more than 6 hours after drop off. (ex 8am-2pm or 9am-3pm). Students staying after 3pm will be charged the after care fee of \$100 per week. The only exception to this is those choosing to do PM Individualized Skills and Socialization and those hours are from 12-5PM and for those who pay privately.

**Closing time is 5 p.m. Monday- Friday** Late fees begin at 5:01 p.m. Students will incur a late fee of \$3 per minute that they are here past 5:00 p.m. 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 6 P.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: \_\_\_/\_\_\_/\_\_\_\_\_

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

<b>Program:</b>	<b>Program Fee:</b>
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**Individualized Skills and Socialization hours are from 8:00 AM TO 3:00 PM**

**All students should arrive at the center no later than 9:00 AM to begin onsite/offsite activities.**

Agency students should be picked up no more than 6 hours after drop off. (ex 8am-2pm or 9am-3pm). Students not picked up by 3pm will incur a daily drop-in fee of \$50. Continuous late pickups will result in the after care fee of \$100 per week being applied to your account. The only exception to this is those choosing to do PM Individualized Skills and Socialization and those hours are from 12-5PM and those who pay privately.

**Closing time is 5 p.m. Monday- Friday** Late fees begin at 5:01 p.m. Students will incur a late fee of \$3 per minute that they are here past 5:00p.m. 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 6 P.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: \_\_/\_\_/\_\_\_\_\_

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



# IMPORTANT

Please read the parent handbook below and sign that you understand the expectations of you as a parent to one of our students and that you understand what is expected of your students while they are here.

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Parent Signature

Failure to comply with our parent handbook can result in your student being discharged from our program.





## ACHIEVEMENT CENTER OF TEXAS

### DISCIPLINARY ACTION PLAN

Reviewed and revised August 2023

It is the 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 use Crisis Prevention Intervention 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 as 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 we request that your student is picked up from the center. Parents will be given 30 minutes to an hour to pick up their student. Failure to pick up your students will result in a suspension from the program.

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 be 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.

