

**The Autism Model School  
3020 Tremainsville Road  
Toledo, OH 43613  
419-897-4400  
Fax: 419-897-4403**

## **EDUCATIONAL PHILOSOPHY**

The Autism Model School provides a humanistic learning environment for children with Autism Spectrum Disorders. Educational and scientific research indicates that highly structured, intensive education, especially in the early grades and preschool is the most appropriate teaching method for students of this population (Eikeseth, Smith, Jahr, & Eldevik, 2002; Howard et. al., 2005; Lovaas, 1987; Sallows & Graupner, 2005).

In a collaborative effort with parents, the Autism Model School has developed an innovative program to accommodate the individual needs of each student. Each aspect of the program represents a continuum of services and environments from the most restrictive, to transition to a regular education classroom.

Together with parents, The Autism Model School provides each student with an individualized education program. The programming combines systematic instructional techniques based on the principles of applied behavior analysis, visual cueing systems, communication training, sensory integration, and direct social skills instruction.

Several groupings are taken into account when placing students. They include age, cognitive ability, severity of behavioral symptoms, and need for structure. Classes emphasize the development of communication, self-help, independence, social motor, sensory integration, and cognitive skills. Strategies employed are based on the unique learning characteristics of each individual. Reading, mathematics, and handwriting are part of the curriculum when students demonstrate the prerequisite skills.

Great emphasis is placed on staff training and development. The school recognizes and supports ongoing training in research-based educational practices with measurable positive outcomes.

### References:

- Eikeseth, S., Smith, S., Jahr, E., Eldevik, S. (2002).  
Intensive behavioral treatment at school for 4- to 7-year-old children with autism a 1-year comparison controlled study, *Behavior Modification*, Vol. 26 No. 1, 49-68
- Howard, J.S., Sparkman, C.R., Cohen, H.G., Green, G., Stanislaw, H. (2005).  
A comparison of intensive behavior analytic and eclectic treatments for young children with autism, *Research in Developmental Disabilities*, 26, 359-383
- Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, 55, 3-9.
- Sallows, G.O., Graupner, T.D. (2005). Intensive behavioral treatment for children with autism: four-year outcome and predictors, *American Journal on Mental Retardation*, Vol 110, No. 6: 417-438

**Submit by hand/mail:**        *or*        **fax:** (419) 897-4403    *Date Received:* \_\_\_\_\_  
Autism Model School  
Attn: Admissions  
3020 Tremainsville Road  
Toledo, OH 43613

**APPLICATION FOR NEW STUDENT ENROLLMENT**

Student Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

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

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

Gender: \_\_\_\_\_ Current School District of Residence: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous School: \_\_\_\_\_

School's Address: \_\_\_\_\_

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

Please check the students' current medical diagnoses:  
(must be made by a medical doctor or PhD. level psychologist)

- |   |                  |
|---|------------------|
| _____ Autism                            | _____ Asperger's |
| _____ Fragile-X                         | _____ Rett's     |
| _____ Pervasive Developmental Disorder  |                  |
| _____ Childhood Disintegrative Disorder |                  |
| _____ Other: _____                      |                  |
| _____ No Diagnosis                      |                  |

Does your child have a current Individualized Education Program (IEP)? \_\_\_\_\_  
Date of current IEP \_\_\_\_\_

Does your child have a current Evaluation Team Report (ETR)? \_\_\_\_\_  
Date of current ETR \_\_\_\_\_

In the ETR the school team determined your child to have the following disability:

- \_\_\_\_\_ Autism
- \_\_\_\_\_ Mental Retardation (Developmental Handicap)
- \_\_\_\_\_ Multiple Disabilities
- \_\_\_\_\_ Emotional Disturbance (ED)
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ I Don't Know

Head of Household  
Name \_\_\_\_\_  
Relationship to student  
\_\_\_\_ Biological Father/Mother  
\_\_\_\_ Stepfather/stepmother  
\_\_\_\_ Legal Guardian  
\_\_\_\_ Foster Parent  
\_\_\_\_ Other \_\_\_\_\_

Head of Household  
Name \_\_\_\_\_  
Relationship to student  
\_\_\_\_ Biological Father/Mother  
\_\_\_\_ Stepmother/ Stepfather  
\_\_\_\_ Legal Guardian  
\_\_\_\_ Foster Parent  
\_\_\_\_ Other \_\_\_\_\_

Natural Father Name \_\_\_\_\_

Natural Mother Name \_\_\_\_\_

For parents of students who are not married, it is the responsibility of the custodial parent(s) to provide the school with a copy of a date-stamped court document indicating the custodial status of the child or children.

Are the parents of the child married? \_\_\_\_\_

Are both parents living in the same household? \_\_\_\_\_

If you answered no to either question, is there a custody arrangement? \_\_\_\_\_

Names of other children in family	Birth Date	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Medical/Health Information:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

List all medications student is taking

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

Allergies:

Food

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

Drugs

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

Special Health Concerns

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

In addition to the completed application, the Autism Model School requires the following information:

1. Individualized Education Plan (IEP) – the most recent copy of your yearly contract with the school that outlines your students educational goals and objectives. You can request a copy of this from your child’s school.
2. Evaluation Team Report (ETR) – this document was once called a Multi-Factored Evaluation (MFE). It is done every three years to evaluate eligibility for special education services. You can request a copy of this from your child’s school.
3. Most recent report card – please also include recent IEP progress reports
4. Behavior Support Plan – (If applicable) some students have written plans that indicate instructional techniques and supports to prevent and/or address patterns of challenging student behavior.
5. Copy of Birth Certificate - the state of Ohio requires all schools to keep a copy of each student’s birth certificate on file.
6. Copy of Utility Bill – addressed to the parent or guardian and provides proof of residency.

NOTICE: In order to be considered for admission/enrollment, all of the above documents must be submitted for review.

Information can be submitted by hand, mail or fax to:

Autism Model School  
Attn: Admissions  
3020 Tremainsville Road  
Toledo, OH 43613

Fax: 419-897-4403

After the application and required attachments have been completed, received and reviewed you will be contacted to schedule an intake interview as well as a tour of the school. Please allow up to seven (7) days for your information to be processed.

Thank you!

How did you hear about the Autism Model School? \_\_\_\_\_