

**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

This application must be signed in order to be processed

Parent/Guardian Signature (if student is a minor, or if parents have guardianship)

Date

Student Signature (if the student is 18 or older and is their own guardian)

Date

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? _____