

Enrollment Kit

Dear Parents and Guardians:

Thank you for your interest in enrolling your child at FACE! Enclosed are the enrollment forms that need to be completed prior to your child's desired start date. All of the forms in this packet must be completed.

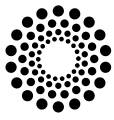
The State Department of Health Services requires FACE to verify that children's immunization records are up-to-date before they begin school. Therefore, prior to your child's start date, we **must** see a copy of his or her **IEP (Individual Education Plan) and immunization record**. The immunization record can be the standard yellow immunization card, physician's records, or an out-of-state school record. In order for us to follow the law, a student will not be allowed to start at FACE until we have a complete copy of his or her immunization records.

If you have any questions, please feel free to contact me at **813.621.3223**. We look forward to welcoming you and your child at FACE!

Best regards,



Tom Porter
Director of Quest Schools



FACE

FLORIDA AUTISM CENTER OF EXCELLENCE

Registration

Student Information

Student's Full Name _____
Last First Middle

Address _____
Street Address City State Zip Code

Phone _____ SSN _____ Gender: Male Female

DOB _____ Place of Birth _____ Ethnicity _____

Entering Grade _____ Last School Attended _____

Last School Address _____
Street Address City State Zip Code

Phone _____ Child Living With: Parents Father Mother Guardian(s)

Parent/Guardian Name _____ Relation to Child _____

Address _____
Street Address City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ Email _____

Employer _____

Employer Address _____
Street Address City State Zip Code

Parent/Guardian Name _____ Relation to Child _____

Address _____
Street Address City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Fax _____ Email _____

Employer _____

Employer Address _____
Street Address City State Zip Code

Parents Are: Married Divorced Separated Single Widowed Other _____

Who is legally and financially responsible for the student? _____

(continued)

Medical and Emergency Information

Adults to contact in the event of an emergency if parents or guardian are unavailable:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Health Insurance Carrier _____ Policy Number _____

List any major illness or accidents the child has incurred: _____

Does your child have any of the following (check all that apply)?

Allergies Asthma Diabetes Heart Disease Physical Disability Cognitive Disability Other

Please describe any care needed while at school: _____

Please describe any physical disabilities and/or diagnosed learning disabilities: _____

Please list all medications the child is on: _____

Please describe any special diet the child is on: _____

May your child participate in a full physical education program? Yes No

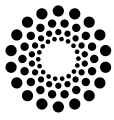
If not, please provide a certificate or a note from attending physician and explain: _____

Medical Release

In the event of an emergency and all efforts to reach me have been unsuccessful, I give permission for my child to be taken to the local emergency room and to be treated there by the attending physician. I understand that this release would accompany my child and that continued efforts to reach me would be made. I agree to assume the financial obligation incurred for all care.

Parent/Guardian Signature

Date



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Student Release

Student's Name _____

FACE has updated its policy on the release of students during the school day. Anyone picking up a student (outside of daily transportation arrangements) must come to the front office (located through the double doors at the rear of the building), sign in and show identification. This includes our students in group homes and foster care, and specific names are needed. This is for the protection of our students. Please list anyone that might need to pick up your student and who is approved by you, as the legal parent or guardian, to take your student off campus. This form should be returned to the school as soon as possible. *Please contact FACE at any time to update any of this information (for example, to add a person, delete a person, change a phone number, etc.).*

The person picking up your student will be required to show identification. **If there is no identification, the student will not be released. If the person's name is not on the list, the student will not be released.** Please list as many contacts as you need.

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Student _____

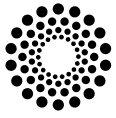
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Signature

Date



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Field Trip Permission

Student's Name _____

I give permission for _____ to attend field trips as part of the academic program at FACE. I agree to release and discharge FACE, its officers, teachers, and all employees who are exercising reasonable care within their scope of employment, from liability growing out of personal injuries resulting from or occurring during these activities, or in transit to and from said activities. Please note that individual permission slips will be given for each field trip/CBI.

Parent/Guardian Signature

Date

Dress Code Policy

Student's Name _____

It is the mission of FACE to provide every student with an educational program that meets his or her individual needs. FACE recognizes that, within certain limits, each student's mode of dress and grooming is a manifestation of personal style and individual preference. The purpose of this dress code is to encourage students to come to school prepared to participate in the educational process. FACE authorizes the director to enforce school regulations prohibiting inappropriate student dress or grooming practices.

The following dress code is required for all FACE students:

- Navy or white polo shirt with shirrtails tucked in. **The only logo permitted on shirts will be the FACE logo.**
- Khaki, navy, black or grey slacks, shorts, or skirts **worn at the waist**, or jumpers. Baggy or tight clothing, overalls, jeans (unless there is a designated casual day), or pants or shorts that sag will not be allowed. Shorts, skirts and jumpers must be of a length that is no more than three (3) inches above the knee.
- Belts are required if the pants, shorts or skirts have belt loops. **Belt loops may not be removed.**
- Closed-toed shoes or sneakers. Shoelaces must be navy, black, white or brown and must be tied. Velcro flaps must be fastened. **Platform sandals or shoes, beach sandals, or slippers will not be allowed.**
- **No hooded garments.** If weather necessitates, jackets or other types of outerwear may be worn to school but must be removed once inside the building.
- Jewelry or accessories that distract from the learning process will need to be removed and given to the teacher.
- Hats or head coverings are not allowed inside the building.

All clothing must fit appropriately. Any student wearing or carrying satanic, tobacco, alcohol, and other drug-related clothing or symbols will be referred to an administrator. The administrator will ask the student to make the appropriate corrections. If the student refuses, the student's parent(s)/caregiver(s) shall be contacted, and the student may be sent home to change clothes or required to change clothes using clothing available on campus.

Parent/Guardian Signature

Date

Student Signature

Date



FLORIDA AUTISM CENTER OF EXCELLENCE

Photo and Video Release

Student's Name _____

I give FACE and its managing company, Quest, Inc. specific permission to take photographs, video and/or digital recordings of my child for use in printed and electronic promotional/educational materials, and any other form or type of distribution, unless specified below:

I waive my right to inspect or approve the photographs, publications, or electronic media that may be used in conjunction with them now or in the future. Photography will remain in the marketing photo library, and FACE and Quest have the right to use it as long as we find it suitable and appropriate. The Quest marketing department has ultimate approval of the imagery to be used in print, electronic and other materials that FACE or Quest produces and distributes to ensure quality standards. At no time does FACE or Quest need to obtain any additional approval for placement of these images.

I do understand that my child's last name will not be used in conjunction with any video or digital images, and that this authorization is voluntary.

Printed Name of Student

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

Assessment Plans

Consent for Behavioral Assessment

Student's Name _____

The purpose of this assessment is to gather information about the variables that are influencing a student's behavior so that the most effective and positive individualized education program goals can be designed by the IEP team. Steps include: (1) to complete an in-depth analysis of the student's current functioning level and behavior repertoire, and to identify the areas where intervention can have the greatest impact; (2) to clearly identify the environmental influences which impact upon these behaviors; and (3) to provide the teachers and IEP team members with information that can be used to develop effective behavior management programs and teaching strategies and help provide an optimal learning environment for the student.

The details of the behavioral assessment are tailored to individual student needs and specific presenting problems. The assessment may include parent/staff interviews, record reviews, and systematic observations in the classroom. Individuals that may be included in this process include administrative, personnel, clinician, vocational specialist, speech-language pathologist, teacher, and classroom staff. No educational placement or behavior programs will result from the assessment without consent of the parent/legal guardian except as required by state and federal law. Parents/legal guardians have the right to see any report at least five (5) days before an IEP meeting.

Check marks indicate the assessments recommended for, but not limited to, this student:

- Parent/Legal Guardian/Care Provider/FACE Staff Interviews
- Student Record Reviews
- Functional Analysis
- ABC Narratives
- Antecedent Recording Chart

Parent/Legal Guardian Approval

I have read the above assessment and hereby give my permission for FACE staff to complete the assessment outlines above for my child:

Printed Name of Student

Date of Birth

Parent/Guardian Signature

Date

Consent for Educational Assessment

The purpose of this assessment is to determine eligibility for special education and related services, and to determine the educational needs of your child. The assessment will be administered by qualified staff and, when necessary, an interpreter will be used to assist your child in his or her primary language or mode/means of communication.

One or more of the following tests may be used to determine present levels of performance:

1. For all early learners or for students with lower functioning levels, the **FACE Autism Assessment Tool** must be completed within two (2) weeks of the student's enrollment. This tool directly links up with the FACE autism curriculum for goals development and skill implementation.
2. Any child with autism that is under the age of 6 must also be assessed with the **Assessment of Basic Language and Learning Skills-Revised (ABLLS)**. Given the length of the assessment and its complexity, teachers will have four (4) weeks to complete the assessment. This tool links up directly to the FACE autism curriculum as well as Saxon Math, SRA reading, Handwriting without Tears, and all social skills educational resources.
3. Any student who can read and has proficient computer skills will be assessed for reading, spelling and math skills with the **Basic Achievement Skills Inventory (BASI)**. This is a software-based assessment and can take roughly two and a half hours to complete. Teachers and educational staff will have two (2) weeks to complete the BASI assessment in order to develop annual IEP/SEP goals. This tool links to the SRA and Saxon Math. Please note the educational resource section for additional links to instructional materials.

Functional Independent Living Skills (FISH)

For each student enrolled in a FACE classroom, the teacher will complete a **FISH** handbook checklist. This checklist measures and assesses current functioning levels across the following domains:

- a. Adaptive Behavior skills
- b. Affective Skills
- c. Cognitive Skills
- d. Sensorimotor Skills
- e. Social Skills
- f. Language Skills
- g. Vocational Skills

ACCESS/ACCEPTS Social Skills Teacher and Parent Ranking Forms (FACE Charter)

These parent forms should be sent home at the beginning of week two. The classroom teachers will observe and track each individual student's social skills across time, staff, environments and activities.

Review of previous assessment summaries and school records (if available) may be used to provide input to the IEP meeting.

Informed Consent

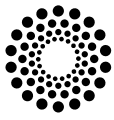
I hereby give my permission for the assessments indicated. I understand that the results will be kept confidential and that I will be invited to attend the Individual Education Program (IEP) meeting to discuss the results. It is also my understanding that no special placement/services will result from this assessment without my written permission. A copy of the assessment report(s) will be available upon request prior to the meeting. Additionally, I have read the attached parent rights form and understand my options under the law.

Printed Name of Student

Date of Birth

Parent/Guardian Signature

Date



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Permission for Medication

Student's Name _____

We **will not** administer **any** medication unless we have parental permission through this completed form. Prescription medication **must** have the dosage of medication and time to be dispensed for that child on the original label from the pharmacy. Over-the-counter medication must be in the original container with the student's name written on it. All medications, including over-the-counter medication, **must** have a prescription from a doctor. We **cannot** administer more than the suggested limit for the child's weight. Students may not take medication which belongs to another student. If you would like us to provide this service for your child, please complete the form below, sign and date it. Please note that narcotics cannot be given in the school setting.

I hereby give FACE permission to give my child, _____, the medication listed below as stated:

Medication	Initial Dosage	Maximum Dosage (per day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any allergies or special needs your child has (ex: "do not give aspirin" or "frequently has allergies," etc.):

Please list any medications your child takes at home including the dosage: _____

Parent/Guardian Signature

Date

Please be advised that some prescribed medications may need a physician's order to be administered at school.