

ART SPEAKS

A joint program by
SPEECH PATHways & Studio on the Hill



Consent for ART SPEAKS Participation

I understand that I am giving permission for my child, _____, to participate in the ART SPEAKS Program. I understand that my child will be participating in social-language activities in conjunction with art lessons/activities; however, my child is not receiving individual and/or group speech-language “treatment.” The art activities may include, but are not limited to: paint, markers, glue, clay, etc. All products used in the ART SPEAKS program will be non-toxic. Your child should come to the program dressed appropriately to participate in art activities (which at times can be messy). I understand that ART SPEAKS is not responsible for stained or soiled clothing. In addition, I understand that because my child is participating in a group activity there is the potential for social conflicts between children to arise. Every effort will be made to use these conflicts as a positive learning opportunity within the group. If your child has a history of negative behaviors which could potentially harm the instructors, other children and/or property, it is your responsibility to inform ART SPEAKS at this time.

Child’s Name _____

Parent/Guardian (please print) _____

Signature Parent/Guardian _____

Date _____

Registration Form

Date: _____

Child's Full Name: _____

Date of Birth: _____

Age: _____

Parent(s)/Guardian(s): _____

Grade: _____

School: _____

Home
Address: _____

Home Phone #: _____

Cell Phone #: _____

Other #: _____

Emergency Contact: _____

E-mail Address: _____

Child's Diagnosis: _____

Potential schedule conflicts: _____

Significant Medical Information and/or Allergies? _____

Significant behavioral information and/or concerns?

COMMUNICATION STATUS

How would you describe your child's current communication ability? (Check all that apply)

- Almost never communicates
- Sometimes communicates
- Communicates frequently

- Is very easy for me to understand when I know the topic of conversation
- Is fairly easy for me to understand when I know the topic of conversation
- Is difficult for me to understand when I know the topic of conversation

- Is very easy for me to understand if I don't know the topic of conversation
- Is fairly easy for me to understand if I don't know the topic of conversation
- Is difficult for me to understand if I don't know the topic of conversation

- Is usually understood by other people who don't know him/her well
- Is usually NOT understood by other people who don't know him/her well

- My child uses gestures to effectively communicate.
- My child does NOT regularly use gestures.

In your own words, please describe how your child communicates:

Indicate the extent to which you agree with the following statements: (circle one)

Your child is able to communicate effectively to express pleasure or displeasure.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

Your child can communicate to get help when needed.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

Your child's biggest communication need is to ask for things he/she needs.

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

Your child's biggest communication priority is to get or give information (e.g. ask or answer questions).

Strongly Disagree *Disagree* *Not Sure* *Agree* *Strongly Agree*

Pragmatic Language/Social Skills (please circle any of the following that your child has difficulty with):

- Introductions and greetings
- Eye contact
- Turn taking in activities
- Turn taking in conversations
- Maintaining topic of conversation
- Using appropriate conversational topics
- Body space
- Body language
- Reading non-verbal cues
- Facial Expressions
- Emotions/feelings
- Building and/or Maintaining Friendships
- Initiating Conversations
- Terminating Conversations
- Problem Identification
- Conflict resolution
- General Manners
- Impulse control
- Respect for Authority

Please list any special interests or hobbies your child has: _____

Does your child seem to “fit in” better with older or younger children? _____

Fully Potty Trained? Yes No

Will your child indicate when he/she needs to use the bathroom? Yes No

How will your child indicate when he/she needs to use the bathroom?

Is your child independent in the bathroom? Yes No

FINE MOTOR SKILLS

Does your child have a history of fine motor delays (coloring, cutting, writing)? If yes, please explain. _____

PLAY BEHAVIORS

What is the average length of time your child can stay playing at one activity? _____

Which activities seem to hold your child’s attention for the longest period of time? _____

Which activities seem to hold your child’s attention for the shortest period of time? _____

Is your child's play easily distracted by any of the following?

- Visual stimuli (i.e., other toys or objects)
- Auditory stimuli (i.e., voices, sounds outside, the TV)
- Nearby activities
- Other people in the room

List some of your child's favorite toys, TV programs and videos: _____

SOCIAL/EMOTIONAL DEVELOPMENT

Check behaviors that you feel best describes your child:

- | | |
|---|--|
| <input type="checkbox"/> Overly active | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Overly quiet | <input type="checkbox"/> Easily controlled/Passive |
| <input type="checkbox"/> Excessive tantrums | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Dependent upon routines |
| <input type="checkbox"/> Very shy | <input type="checkbox"/> Difficulty separating from parent |
| <input type="checkbox"/> Perfectionistic | <input type="checkbox"/> Thumb-sucking |
| <input type="checkbox"/> Friendly, outgoing | <input type="checkbox"/> Drooling |
| <input type="checkbox"/> Imaginative and creative | <input type="checkbox"/> Teeth grinding |
| <input type="checkbox"/> Plays well with other children | <input type="checkbox"/> Mouth breather |
| <input type="checkbox"/> Prefers older children | <input type="checkbox"/> Interrupted/Unusual eating habits |
| <input type="checkbox"/> Prefers younger children | <input type="checkbox"/> Interrupted/Unusual sleeping habits |

Describe any discipline problems you have with your child and how you deal with these issues: _____

Describe any evaluations or therapy for behavior or emotional problems: _____

EDUCATIONAL HISTORY

Does your child exhibit any learning style preferences? Visual Auditory Both

What other services does your child have now? What has he/she had in the past?

Type of service	Has Now	Had Before
Physical Therapy		
Occupational Therapy		
Speech-Language Therapy		
Psychological or Behavioral Counseling		
Nutritional Services		
Other (describe)		

HEARING HISTORY

Do you ever question your child's ability to hear normally? Yes No

If "yes", please explain: _____

Is your child easily distracted? Yes No

Does your child have difficulty following directions? Yes No

When was the last time your child's hearing was checked?

Within the last year 1-3 years ago 4 or more years ago

Child's Doctor: _____

Address: _____ Telephone: _____

City: _____ State: _____

Zip: _____

Parent/Guardian Signature _____

Permission to Photograph & Videotape

I _____ give my permission to the ART SPEAKS program (SPEECH PATHways & Studio on the Hill) to photograph and/or videotape my child, _____ while he/she is participating in the ART SPEAKS program.

Specifically, I give my permission for my child’s image to be used in the following situations (please initial next to the items that you are giving permission for):

_____ I give permission for my child’s photographs to be used in conjunction with any “ART SPEAKS EXHIBIT.”

_____ I give my permission for my child’s photographs and/or video image to be used for teaching and/or training purposes of other professionals.

_____ I give my permission for my child’s photographs to be used for further marketing of the ART SPEAKS Program in print and on the SPEECH PATHways or Studio on the Hill web sites.

_____ I give my permission for videotapes that include my child to be viewed by parents whose children also participated in my child’s group.

Parents may view all photos and videotapes of their child by request at any time. We appreciate your willingness to allow us to utilize photos and video as part of our program, marketing and teaching purposes.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Child/Participant (please print)

ART SPEAKS representative