Summer Fun for Children with Autism: (ages 3 to 8 years)  
(June 1 –August 5, 2021)

A fun and structured experience for children diagnosed with Autism Spectrum Disorder. The class provides continuity of routines for children already attending a school program during the school year and an initial introduction to a structured school environment for those not currently enrolled in a program. The focus will be on maintaining and developing constructive and imaginary play, following a visual schedule, addressing sensory needs, peer interaction, social skills, positive behaviors, communication and motor skills, all while enjoying many fun summertime activities. The teachers will incorporate their knowledge of therapeutic and behavioral learning in the natural environment.

**Times:** 9:00 – 2:00  
- Mondays & Tuesdays: Preschool  (ages 3 – 5 years)  
- Wednesdays & Thursdays: Kindergarten-2nd Grade  (ages 5 – 8 years)

**Staff:** 2 to 3 teachers and assistant teachers per classroom (Teachers will assess skills and place student in appropriate class.)

**Cost:** $300 for current ALC 2020-2021 school year students  
$500 for students not enrolled in ALC 2020-2021 school year  
Must be paid (county vouchers, cash, checks) no later than the first day of class

**Lunch:** Please send a packed lunch with your child each day
Abilities First 2021 Summer Therapy Application Form

Therapy Program dates: May 24 – August 6, 2021
Summer Fun for Children with Autism dates: June 1 – August 5, 2021

Child’s Name: ____________________________ Male _____ Female _____ Date of Birth: ________________

Address: ________________________________________________________________

City: ___________________________ State: _____ Zip: __________ County: _________________________

Parent/Guardian: ____________________________________________________________

Home Phone: ___________________________ Work Phone: ___________________________

Cell Phone: ___________________________ E-mail: _________________________________

How did you find out about Abilities First? ____________________________________________

Main concerns for your child: ______________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

I am interested in the following for my child:

Individual
☐ Physical Therapy
☐ Occupational Therapy
☐ Individual Speech Therapy
☐ Reading Is Fun
☐ Handwriting Without Tears

Group
☐ Social Skills
☐ Sensorimotor
☐ School Readiness

☐ Summer Fun for Children with Autism

Therapist(s) will screen or evaluate your child to determine if participation in the Summer Therapy program will be beneficial.

Current IFSP, IEP and/or evaluation?
☐ Yes
☐ No

If yes, indicate which therapy:
☐ Physical
☐ Occupational
☐ Speech-Language

If yes, we will need a copy for our records.

Indicate your funding sources:
☐ Insurance
☐ Medicaid
☐ CareSource
☐ United Healthcare Community Plan

☐ BCMH
☐ Self Pay
☐ School District
☐ Family Resources Voucher

Please note that some insurance companies may cover the cost of individual and/or group therapy for children with a medical diagnosis and statement of medical necessity from your physician. We will assist in processing claims.

Physician’s Name: ________________________________________________________________

Does your child have a physician’s referral for any of the following therapies?

Please indicate: ☐ Physical ☐ Occupational ☐ Speech Language

Please list all related medical diagnoses:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Please respond quickly, as enrollment is limited!

Application form can be mailed to: Abilities First
Bettie Rountree
4710 Timber Trail Drive
Middletown OH 45044

Emailed to: bettie.rountree@abilitiesfirst.org

Fax: 513-727-3806

If you have any questions, please call: Bettie Rountree, Program Coordinator
513-423-9496 Ext. 251 or 800-378-8612 Ext. 251

This application form must be at Abilities First no later than Friday, May 14, 2021