



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?

If yes, indicate which therapy:

- Yes No
- 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

Faxed to: 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