



**The Learning Spectrum 2016-2017
School Year Registration**



The Learning Spectrum 2016/2017 School Year Registration DUE MAY 27TH
Fall Program Registration for Worthington, Canal, Sunbury, and Newark
\$100 enrollment fee required with registration NON-REFUNDABLE

<i>Educational Services</i>	<i>Days</i>	<i>Times</i>	<i>Price</i>	<i>Payment Source</i>
Preschool-High School	M-Th F	9:00-3:30 9:00-2:00	\$25,000/yr	

<i>Therapy Services</i>		<i>Price</i>	<i>Payment Source</i>
Occupational Therapy	Scheduled on an individual basis	\$105/per hour in clinic \$90/ 45 minutes inclusion site based	
Speech Therapy	Scheduled on an individual basis	\$105/per hour \$90 /45 minutes inclusion site based	
Music Therapy	Scheduled on an individual basis	\$65/per hour	
Art Enrichment	Scheduled on an individual basis	\$22.50/per ½ hour	<i>*Private Pay Only</i>
Drama Enrichment	Scheduled on an individual basis	\$22.50/per ½ hour	<i>*Private Pay Only</i>
Yoga	Scheduled on an individual basis	\$22.50/per ½ hour	<i>*Private Pay Only</i>
Robotic Social Therapy	Scheduled on an individual basis	*See attached rate sheet	

<i>Behavior Health Services</i>	<i>Days/Time</i>	<i>Price</i>	<i>Payment Source</i>
BCBA Consult	Scheduled on an individual basis	\$105/per hour	
ABA 1:1 Individual Sessions	Scheduled on an individual basis	\$45/ hour private pay or insurance based	
½ Day Classroom and ½ Day 1:1 ABA: M-Th 9:00-12:30 Classroom 12:30-3:30 1:1 Friday 9:00-2:00 Classroom	Minimum of 4 kids to schedule this classroom	\$38,500.00	Scholarship _____ Insurance _____ Private Pay _____ (can combine payment sources but please indicate)

<i>Additional Offerings</i>	<i>Days</i>	<i>Times</i>	<i>Price</i>	<i>Payment Source</i>
Individual Tutoring Sessions	M-F	8:00-5:00	\$35/per hour	
Individual Behavior and IEP Consult			\$105/per hour	
Peer Rate	M-TH F	9:00-3:30 9:00-2:00	\$250.00 per month	

(Please return both page 1 and 2 with your application)

Child's Name _____

Date of Birth ____/____/____ (age) _____

Parent or Guardian _____

Primary Phone Number _____

Secondary Phone Number _____

Email _____

Address _____

District of Residence _____

Registration fee included with application _____ (staff initials)

Please choose a location for services or register online at
www.thelearningspectrum.com :

Worthington
125 Dillmont Dr
Columbus Oh 43235
614-844-5433

Canal Winchester
122 Washington St
Canal Winchester Oh 43110
614-834-1114

Sunbury
36 Harrison St
Sunbury Oh 43074
740-936-5022

Newark
1935 Tamarack Rd
Newark Oh 43055
740-281-0643



The Learning Spectrum Therapy Clinic
125 Dillmont Drive
Columbus, Ohio 43235
(614) 844-5433

Therapy Scheduling Form 2016-2017

Dear TLS Parents,

The next school year is just around the corner! We are now scheduling for the upcoming 2016-2017 school year. Therapy sessions will begin **August 22nd 2016** for students at our clinic locations. For students who receive therapy at our inclusion sites (see below) therapy will begin September 6th.

An effort will be made to meet your scheduling needs to the best of our abilities. Please give us more than one option for your requested therapy times as we often have multiple requests for certain time slots. If your child attends school at one of our clinic locations: **Central (Worthington), North (Sunbury), South (Canal), or East (Newark)** and you would like him/her to receive services during school hours, please check your preference below. We will also be providing therapy inclusion services to various private schools in the area. You will not need to fill in time preferences for school-based services. We are asking that you complete the form below and return it to the therapy department no later than **May 27, 2016**.

Please indicate the funding source you plan to utilize for each therapy service requested. If your child has a new or updated insurance plan, please attach a copy of the card(s) as well. If you have any questions or concerns please feel free to call the office at any time.

Please note: Possible funding sources include: Autism Scholarship, private insurance, Medicaid, Jon Peterson Scholarship and Delaware County.

Thank you,

Megan Coltoniak
Co-Therapy Director

Susan Mosure
Co-Therapy Director

******Please complete and return the form on the second page******

The Learning Spectrum Therapy Clinic Scheduling Request

Child's Name: _____

Parent's Name: _____

Phone: _____

Email: _____

____ I would like my child to receive services during regular school hours.

____ Central (Worthington)

____ North (Sunbury)

____ South (Canal)

____ East (Newark)

____ Inclusion Location: _____

I would like my child to receive the following service(s) using indicated funding source at location: _____

____ Speech Therapy Funding: _____

____ Occupational Therapy Funding: _____

____ Music Therapy Funding: _____

____ Yoga Funding: _____

____ Art Enrichment Funding: _____

____ Drama Enrichment Funding: _____

My top three day and time preferences:

1. Day: _____ Time: _____

2. Day: _____ Time: _____

3. Day: _____ Time: _____

Additional Notes:

THE LEARNING SPECTRUM 2016-2017 SCHOOL YEAR RESPITE FORM

The Learning Spectrum is pleased to once again be offering respite for our students. This program runs 8:00 AM to 9:00 AM Monday through Friday and after school daily until 5:30 PM. **Respite will begin on Wednesday August 24, 2017.**

Please note that we will be strictly enforcing our policy of requiring 30 days notice (in writing) of any changes to your child's schedule.

Just a reminder, respite **cannot** be billed to the Autism Scholarship or county funds. It remains a private pay option that is billed monthly. ***You will be billed based on registration and enrollment days and time, not based on attendance. We will staff respite daily based on enrollment, therefore you cannot be reimbursed for days your child is absent***

Please contact your Director if you have any questions about getting your child started in our respite program.

M-F 8:00-9:00am \$15 /per day
M-F 3:30-5:30pm \$15/per hour
F only 2:00-5:30pm \$15/per hour

*Private Pay Only-Please list days on sheet two

PLEASE INDICATE BELOW THE DAYS AND HOURS YOUR CHILD WILL BE IN RESPITE. WE WILL HAVE A SIGN OUT SHEET TO TRACK YOUR PICKUP AND ADJUST FOR ANY PICKUPS LATER THAN YOU ARE SCHEDULED FOR.

CHILDS NAME (1) _____
(2) _____

MONDAY AM ____
MONDAY PM ____ 1 Hour ____ 2 Hours

TUESDAY AM ____
TUESDAY PM ____ 1 Hour ____ 2 Hours

WEDNESDAY AM ____
WEDNESDAY PM ____ 1 Hour ____ 2 Hours

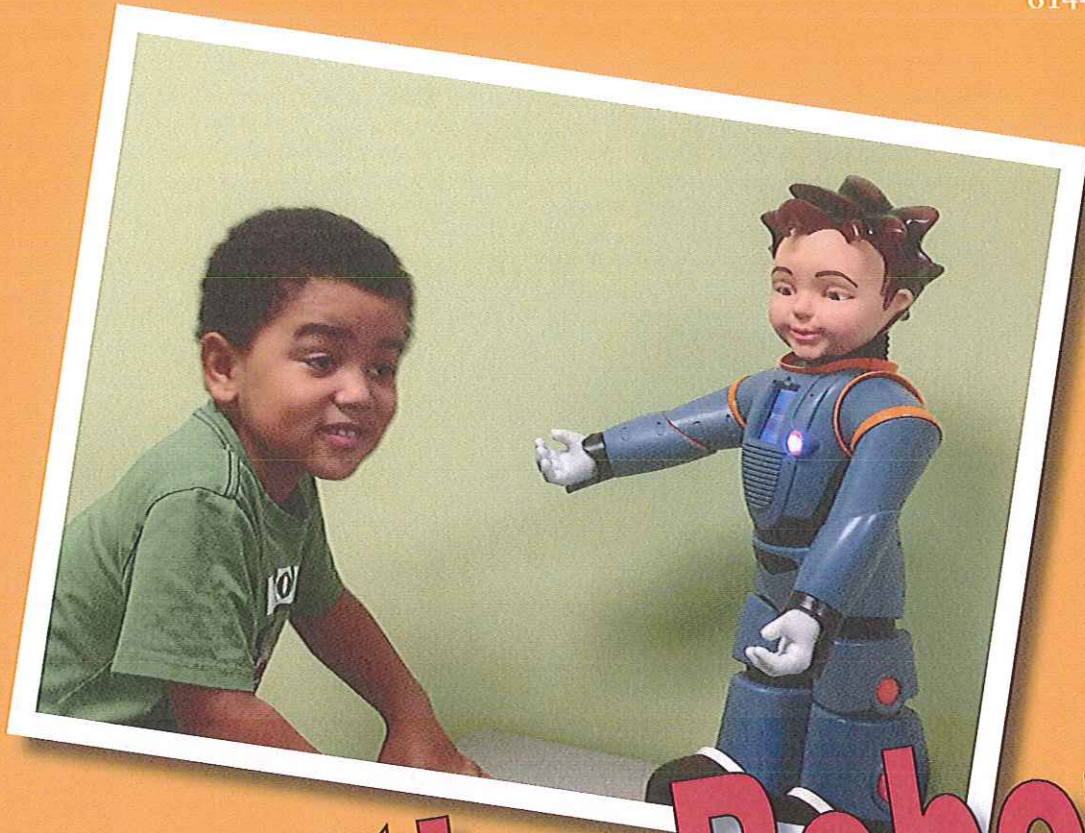
THURSDAY AM ____
THURSDAY PM ____ 1 Hour ____ 2 Hours

FRIDAY AM ____
FRIDAY PM ____ 1 Hour ____ 2 Hours ____ 3 Hours

*****LATE FEES WILL BE ASSESSED IN 5 MINUTE INCREMENTS, \$5.00 FOR EVERY FIVE MINUTES. REPEATED LATE PICK-UPS COULD RESULT IN DISMISSAL FROM THE RESPITE PROGRAM.**



The Learning Spectrum
125 Dillmont Drive
Columbus, OH 43235
614-844-5433



MILO the Robot

The Learning Spectrum
is proud to offer a new and groundbreaking program using Robot Therapy through Robots4Autism. MILO the robot provides a safe and comfortable forum for acquiring and maintaining social and communication skills. His attention-grabbing personality and curriculum allow students to access a wide variety of interactive platforms. If you are interested in learning more about MILO and his confidence-building strategies, please contact the Behavioral Health Department at the Learning Spectrum

(614) 844-5433

or email Brynne Artim to get started.

BArtim@thelearningspectrum.com



The Learning Spectrum is proud to offer a new and ground-breaking program using Social Robotic Therapy through Robots4Autism. Milo, the robot, provides a safe and comfortable forum for acquiring and maintaining social and communication skills. His attention-grabbing personality and curriculum allow students to access a wide variety of interactive platforms. If you are interested in learning more about Milo and his confidence-building strategies, please contact our Behavioral Health Department (614) 844-5433 or email Brynne Artim (BArtim@thelearningspectrum.com) to get started. Attached you will find our screening tool and below is pricing guide for sessions with Milo. *Unfortunately, exclusions apply to students under 4-years of age and students who engage in aggressive and/or destructive behaviors.

Robot Therapy includes 1:1 staff support as well as individualized learning through Milo's evidenced-based curriculum. Sessions will be 30-minutes in length.

Pricing Guide

1. One Time Consultation/Start Up Fee \$100 per hour
A Board Certified Behavior Analyst (BCBA) will meet with you and your student to identify current strengths and barriers using Milo's screening tool. Short and long term goals will be discussed as well to ensure your student is an appropriate candidate for Robot Therapy. It is important to note that certain pre-requisite skills are necessary to access Milo's curriculum and maximize success.

3. Individualized Staff (1:1) & Robot \$35 per hour + \$12.50 per ½ hour (\$25/hr)
Robot Therapy is offered in a 1:1 setting. This means a trained staff member will work 1:1 with your student and Milo for the entire session. However, if you would like to add Robot Therapy to a pre-existing 1:1 session, the additional Robot Fee will be added (\$12.50 for ½ hour & \$25 for 1 hour) to your existing fee. RoboKind recommends 2-3 hours per week with Milo; however, The Learning Spectrum will offer sessions in 30-minute blocks with a minimum of 1 hour per week. (This fee goes to Make it Fit).

4. Speech Therapy \$100 per hour
Robotic social therapy can also be added to a speech therapy session. This involves adding a goal to your child's existing speech goals, if an appropriate goal does not already exist. You would still be responsible for the Robot Fee listed above.

Robot Pricing Guide

*Additional costs apply (1:1 fee or therapy fee)

Pick your package:

Price

Start-up Fee	<input type="checkbox"/>	\$100
1 hour (2, 30-min sessions)	<input type="checkbox"/>	\$25
1 ½ hours (3, 30-min sessions)	<input type="checkbox"/>	\$37.50
2 hours (4, 30-min sessions)	<input type="checkbox"/>	\$50
2 ½ hours (5, 30-min sessions)	<input type="checkbox"/>	\$62.50
3 hours (5, 30-min sessions)	<input type="checkbox"/>	\$75

Please indicate your preferred days & times

Day	Time
1. _____	_____
2. _____	_____
3. _____	_____

*The Learning Spectrum will schedule on a first come, first serve basis. Your preferred times will also depend on staff availability. We will do our best to honor your preferred day and time but you may be subject to our waitlist.