The Learning Spectrum

2021- 2022 School Year Registration

The Learning Spectrum 2021-2022 School Year Registration DUE to location by APRIL 15, 2021.
Central (Worthington) - South (Canal Winchester) - North East (Johnstown)

Non-Refundable $100 enrollment fee due at time of registration.

Please select all services wanted and list payment source

Education/Intervention Classroom Based	Days	Times	Tuition	Funding Source
Preschool - High School	M - F	9:00 am - 3:30 pm	$31,500 annually	
Peer Rate	M - F	9:00 am - 3:30 pm	$400 month	

Therapy Services	Days / Times	Rates	Funding Source
Occupational Therapy	Scheduled on individual basis	$115 per HR	
Speech Therapy	Scheduled on individual basis	$115 per HR	
Music Therapy	Scheduled on individual basis	$32.50 per 30 MIN	

Behavior Health Services	Days / Times	Rates	Funding source
BCBA Consultation	Scheduled on individual basis	$120 per HR	
ABA 1:1	Scheduled on individual basis *before, during, and after school day	$65 per HR	Private Pay or insurance/Medicaid based

Inclusion Support Services	Days / Times	Rates	Funding source
1:1 and classroom support and/or tutoring (off site)	Scheduled on individual basis	*See Rate Sheet ** No Registration Fee Required	
Speech Therapy	Scheduled on individual basis	*See Rate Sheet Fee Required	

Counseling Services	Days / Times	Rates	Funding source
Provided by Licensed Social Worker	Scheduled on individual basis	$105 per HR	
Educational and IEP Consult	Scheduled on individual basis	$105 per HR	

TLS

Child's Name:_____

Date of Birth:_____Age:_____

Parent or Guardian:_____

Primary Phone Number:_____

E-Mail:_____

Current Address:_____

City:_____Zip Code:_____

School District of Residence:_____

Registration Fee included Check #:_____Staff Initials:_____

*For credit card payments see attached form
accepted by phone - call 614-844-5433

Please select location for services:

☐ Central (Worthington)
6660 Doubletree Ave
Columbus, OH 43229
614-844-5433

☐ North East (Johnstown)
3060 Johnstown-Utica Road
Johnstown, OH 43031
740-759-7099

☐ South (Canal Winchester)
6355 Winchester Blvd
Canal Winchester, OH 43110
614-834-1114

Therapy Registration Scheduling Request 2021-2022

Child's Name:_____

Parent/Guardian(s) Name:_____

Phone (Primary):_____Phone (Secondary):_____

Home Address:_____

*E-mail (Required):_____

Child's Physician:_____

My Child is currently enrolled at The Learning Spectrum:

Central (Worthington) ☐ North East (Johnstown) ☐ South (Canal Winchester)My ☐

child attends school/ programming elsewhere; needs outpatient therapy only: ☐

I would like for my child to receive services at the following location:

Central (Worthington) ☐ North East (Johnstown) ☐ South (Canal Winchester) ☐

I would like for my child to receive the following services utilizing the listed funding source:

Service :	Funding Source - Please List:
Speech Therapy ☐	_____
Occupational Therapy ☐	_____
Music Therapy ☐	_____

**NOTE: if utilizing insurance/Medicaid, a copy of your card must be submitted with this form.*

My child receives additional therapy services outside of The Learning Spectrum: ☐

Day(s):_____ Time(s):_____

Please list top three day/time preferences below if your child does not attend The Learning Spectrum or needs before/after school accommodations:

My child may receive services during TLS day/school hours

Please schedule therapies back to back ☐ ☐

Day(s):_____ Time(s):_____

Additional Notes:_____

Please return this form along with a copy of your insurance and/or Medicaid cards (front and back) to: therapy@thelearningspectrum.com

Funding Source Agreement

Child's Name: _____

Exhibit A:

2021 - 2022

Tuition	$31,500
Registration Fee	$100 due at time of registration
Material Fee	$50 due by first day of school

$31,500 Total cost for 2021-2022
$31,500 *Autism Scholarship
*Jon Peterson varies per category

ADDITIONAL OPTIONS:	FUNDING SOURCE
Occupational Therapy	_____
Speech Therapy	_____
Music Therapy	_____
ABA (1:1)	_____

I,_____, the parent/guardian of_____, have reviewed this entire Agreement and agree to abide by all of the provisions of Agreement. The Learning Spectrum will notify me in writing and invoice accordingly prior to the end of the 2020 - 2021 school year of any additional charges. This is the full agreement between parties and constitutes the only agreement between family and The Learning Spectrum, superseding any prior agreement, written or oral.

Parent Signature:_____ **Date:** _____

Student Enrollment Information

Student Name:_____Parent(s) Names:_____

Address:_____

Mom's phone number:_____Mom's email: _____

Dad's phone number:_____Dad's e-mail: _____

Who lives at home with the student (include siblings and their ages): _____
_____

When and where did he/she first receive a diagnosis of autism? _____
_____

When and where was his/her most recent evaluation? _____
_____

Health and Medical Information: If your child has a current health or medical condition requiring TLS staff to perform child specific care, such as to monitor the condition, provide treatment, care, or to give medicine a Medical/Physical Care plan and/or Request for Administration of Medication must be completed and kept on file at TLS.

Does your student have an existing medical condition? (For example, diabetes or asthma)
_____

Does your student take any medication on a regular basis? If yes, what medication and for what purpose?
_____

Does your student have any allergies? _____

Dietary restrictions? _____

Has your student experienced any serious illnesses, surgeries or hospitalizations? Please explain.
_____
_____

Private Therapies and Community Services

Does he/she receive private therapies or services outside of the educational setting? Please check all that apply and include therapists' names, where they receive services, when and how often they receive services:

____speech therapy _____
____occupational therapy (OT) _____
____physical therapy (PT) _____
____ABA, discrete trial instruction, behavioral therapy _____
____respite care _____
____play therapy/play group _____
____music therapy _____
____other _____

Does your child have a case worker with the Department of Developmental Disabilities?__Yes__No
If yes, please provide case worker's name and contact information: _____
_____

Daily routines:
Is your child toilet-trained?____Yes____No Diaper?_____Yes_____No Pull ups?_____Yes____No

What time does your child go to bed? _____

Does your child sleep alone?_____Sleeps with parent? _____

What time does your child go to sleep?_____wake up? _____

Does your child take a prescriptions medication to help with sleep?_____Melatonin? _____

Does your child wake up during the night? If so, how often? _____

Other Information:
How does your child best communicate? Check all that apply
___Spoken language ___Sign language
___Gestures (pointing, holding hand and pulling toward desired item)
___Pictures, Picture Exchange Communications System (PECS)_____Communication device
___Crying, screaming

Please describe your student's strengths: _____
_____
_____
_____

Please describe your student's weaknesses or greatest areas of challenge: _____
_____
_____
_____

Please list your student's interests and favorite objects or activities: _____
_____
_____
_____

Does your student have any fears or avoid certain activities, objects, people, food, noises, or situations?
_____
_____
_____

Anything else that you think is important for us to know about your student: _____
_____
_____
_____

Please check the items that are most reinforcing for your student.

Activities

_____ blowing bubbles
_____ puzzles
_____ video games
_____ jumping
_____ coloring
_____ dancing
_____ playing or throwing ball
_____ rocking in a chair
_____ writing or drawing
_____ playing peek-a-boo
_____ swinging
_____ rough-housing or wrestling
_____ singing
_____ running
_____ playing with water
_____ playing with play-doh or clay

_____ climbing on playground equipment or other high objects
_____ games *What kind of games? _____
_____ listening to music *What kind of music? _____
_____ looking at books/magazines *What kind of books? _____
_____ looking at pictures or photographs *What kind of pictures? _____
_____ computer games *What specific games does he/she like? _____
_____ watching TV or movies *What shows, cartoons, or characters does he/she like? _____
_____

Are there other activities your child enjoys? _____

Objects

_____ puzzles
_____ rubber stamps
_____ blocks
_____ toy cars or trucks
_____ stuffed animals
_____ toys that light up or flashlights
_____ toys that play music or "talk"
_____ stickers
_____ happy faces
_____ trains
_____ legos
_____ scented lotions
_____ toys that spin

_____ toy animals *What kind of animals? _____
_____ dolls or figurines *What kind or what characters? _____

Are there other toys or objects your child likes: _____

Edible reinforcers

_____ popcorn
_____ pudding
_____ milk
_____ gum
_____ popsicles
_____ drinks *What kind? _____
_____ chips or crackers *What kind? _____
_____ cookies *What kind? _____
_____ candy *What kind? _____
_____ ice cream *What kind? _____

Are there other foods or snacks that your child enjoys? _____
_____

Other

_____ verbal praise
_____ hugs
_____ high-fives
_____ smiles
_____ tickles
_____ positive note home

_____ special jobs (ex. cleaning dishes) What kinds of chores/jobs? _____

Please check any subjects or areas you would like more information about:

Social Needs/Behavior

____Playing with toys appropriately
____Making Friends
____Using social stories to teach social skills
____Strategies for dealing with inappropriate behavior
____Sibling Relationships
____Taking turns/sharing