



Dear Parents and Guardians,

Thank you for considering services from the Brent Woodall Foundation for Exceptional Children. We will be unable to process your application and schedule an appointment with you and your child until all information is received. In order for your application to be processed, please provide **all** of the information listed below:

___ 1) Intake Form Packet

- Child and Family Information
- Referral Information
- Insurance Information
- Family History
- Birth and Developmental History
- Health History
- Behavioral Information
- Child's Strengths and Areas of Concern
- School / Therapy Information
- Medical Information and Release Form
- Waiver and Indemnity Agreement**
- Signed and Notarized Policy form **
- Filming/ Photography Participation
- Child photo

___ 2) Medical History Documents (including immunization records)

___ 3) Copies of previous Educational Testing (e.g. IQ tests or school evaluations)

___ 4) Copies of previous Assessments or Evaluations

(e.g. skills assessment, speech assessment, diagnostic assessment etc.)

- If you are waiting for your evaluation, please have the Doctor forward it to us.

___ 5) Copies of the most recent Individualized Education Plan (if previously/currently in a Special Education Program) or Individualized Family Support Plan (if previously/currently receiving ECI services)

*****Please send copies only; original documents will not be returned*****

****We require signatures from both legal parents/guardians. If you have sole legal custody, please provide documentation from a court stating such.**

Please call 972-756-9170 or email at jennifer@woodallkids.org with any questions or concerns regarding your application.

Turn in completed application to:

Brent Woodall Foundation for Exceptional Children
ATTN: Jennifer Chen, M.S., BCBA
3021 Gateway Drive, Suite 295
Irving, Texas 75063
Fax: 214-614-4650
E-mail: Jennifer@woodallkids.org

INTAKE PACKET

PLEASE PRINT

Programs of interest:	<input type="checkbox"/> ABA Therapy	<input type="checkbox"/> Consultation	<input type="checkbox"/> Social Group
	<input type="checkbox"/> PREP	<input type="checkbox"/> IEP Consultation	<input type="checkbox"/> Woodallkids Academy

CHILD AND FAMILY INFORMATION

Child Information

First Name: _____ Last Name: _____ Middle: _____

Preferred Name: _____

Social Security Number: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #(home): _____

Race/Ethnicity: _____ Language(s) spoken by child: _____

Parent/Guardian Information

Child Resides With: Both Legal Parents Mother Father Guardian

If guardian: Is this the legal guardian? Yes No Relationship to child: _____

Primary Caretaker: _____

Parent/Guardian Full Name: _____

Relationship to Child: _____

Employer: _____

Address (if different from child) _____

City: _____ State: _____ Zip: _____

Cell #: _____ Work #: _____ Home #: _____

Driver's License (No. and State): _____ E-mail: _____

Parent/Guardian Full Name: _____

Relationship to Child: _____

Employer: _____

Address (if different from child) _____

City: _____ State: _____ Zip: _____

Cell #: _____ Work #: _____ Home #: _____

Driver's License (No. and State): _____ E-mail: _____

REFERRAL INFORMATION

Child Referred by: _____ Phone #: _____
Doctor's Address: _____
City: _____ State: _____ Zip: _____
Reason for Referral: _____

INSURANCE INFORMATION

Insurance Carrier: _____
Subscriber's Name: _____
Subscriber's DOB: _____ Social Security Number: _____
Subscriber/Member ID #: _____
Group #: _____ Employer/Group Name: _____
Provider Customer Service #: _____

FAMILY HISTORY

Biological Mother

Education: Did Not Graduate GED High School Some College
 2 year university 4 year university Advanced
Mother's Occupation: _____

Biological Father

Education: Did Not Graduate GED High School Some College
 2 year university 4 year university Advanced
Father's Occupation: _____

Parent's Marital Status/Visitation

Child's Parents Are: Never Married Separated Divorced Married to Each Other
If separated or divorced, how often does the child see the non-custodial parent?
 Regularly Sometimes Rarely Never

Siblings

Number of siblings in the home: _____
Do any biological siblings have learning, speech, behavior, or other problems? Yes No
If Yes, please describe: _____

Household Members

Name: _____ Age: _____ Relationship _____
Name: _____ Age: _____ Relationship _____
Name: _____ Age: _____ Relationship _____
Name: _____ Age: _____ Relationship _____

Child's Name: _____

If "no", list which ones: _____

Child's Religious or Spiritual Background: _____

List any legal issues involving your child (divorce, custody, law suits, etc.) _____

Has your child ever threatened to harm self or others? YES NO

Explain: _____

BEHAVIORAL INFORMATION

Please check any of the following behaviors that your child displays: (This information will only be used for assessment and evaluation purposes. It will not affect your child's eligibility to enter our program.)

- Hyperactivity
- Self-injurious behaviors
- Echolalia (vocal repetition of others)
- Anxiety (control/transition/coping difficulties)
- Aggressive behaviors (toward others or objects)
- Self-stimulatory behaviors (repetitive movements and/or sounds)

Please explain:

Does your child...	Never	Seldom	Occasionally	Often	Always
Use gestures (bye-bye, pointing, ect.)	0	1	2	3	4
Babble	0	1	2	3	4
Use single words	0	1	2	3	4
Use single words to request	0	1	2	3	4
Use phrases	0	1	2	3	4
Use phrases to request	0	1	2	3	4
Ask questions	0	1	2	3	4
Play with toys appropriately (independently)	0	1	2	3	4
Plays interactively w/ siblings	0	1	2	3	4
Plays interactively w/peers	0	1	2	3	4

Child's Most Preferred Toys, Foods, or Activities: _____

Please provide information about your child's eating habits, variety of foods accepted, and independence with feeding: _____

Please provide information about your child's sleeping patterns and routines: _____

Additional Information Relevant to the Child's Behavior:

CHILD'S STRENGTHS AND AREAS OF CONCERN

Please list or explain areas of strengths:

Please list or explain areas of concern:

SCHOOL / THERAPY INFORMATION

School Information

School: _____ ISD: _____ Grade: _____

Address: _____ Phone: _____

Teacher: _____ Counselor: _____

Briefly Describe the Following:

Child's School Placement (Self-Contained Classroom, Integrated, etc. Please include the number of days and times the child attends): _____

Academic Performance: _____

Behavior in School: _____

Current Therapy Services Provided By School

Speech Therapy: Yes No Hours per week: _____
Occupational Therapy: Yes No Hours per week: _____
Physical Therapy: Yes No Hours per week: _____
Other Therapy: _____ Hours per week: _____
Other Therapy: _____ Hours per week: _____
Other Therapy: _____ Hours per week: _____

Current Therapy Services NOT Provided By School (Please include service provider)

Speech Therapy: _____ Hours per week: _____
Occupational Therapy: _____ Hours per week: _____
Physical Therapy: _____ Hours per week: _____
Other Therapy: _____ Hours per week: _____

Past Therapy (Please include service provider and dates attended, please attach treatment plans associated with each therapy.)

ABA Therapy: _____
Dates Attended: _____ Hours per week: _____
Speech Therapy: _____
Dates Attended: _____ Hours per week: _____
Occupational Therapy: _____
Dates Attended: _____ Hours per week: _____
Physical Therapy: _____
Dates Attended: _____ Hours per week: _____
Mental Health: _____
Dates Attended: _____ Hours per week: _____
Feeding Therapy: _____
Dates Attended: _____ Hours per week: _____
Other Therapy: _____ Hours per week: _____
Dates Attended: _____ Hours per week: _____

Assessments : IQ tests, Basic Skills Assessments, Developmental Checklists

(e.g. WISC, WPPSI, Stanford-Binet, ABLLS, HELP, DAYC)

Assessment: _____ Date: _____
Assessment: _____ Date: _____
Assessment: _____ Date: _____

The Brent Woodall Foundation for Exceptional Children

Medical Information and Release Form

Basic Information

Child's name: _____ DOB: _____

Parent's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Medical Information

Diet Specifications: _____

Allergies: _____

Medications: _____

Medical History: _____

Emergency Contact Information

In case of an emergency, please contact (please indicate in the order they will be contacted)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

I give the Brent Woodall Foundation permission to administer First Aid/CPR to my child if an emergency situation arises.

Parent Signature: _____ Date: _____

I have reviewed the above information and verified that they are up-to-date.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

WAIVER AND INDEMNITY AGREEMENT

We, _____ (parent 1) and _____ (parent 2) acknowledge and agree to receive educational training from representatives of the BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN (“Indemnitee”), a Texas 501©3 corporation with its principal office located at 3021 Gateway Drive, Suite 295, Irving, Texas, 75063 (the “Company”) pursuant to the following terms:

1. I understand that this Agreement does not create an obligation by the Company of its consultants to work with me or my family on an ongoing basis.
2. I understand that selected representatives from Indemnitee will work with me or designated representatives of my family regarding the training of Applied Behavior Analysis (“ABA”). I recognize that the designated representatives are trained in ABA work, and are NOT TRAINED MEDICAL PHYSICIANS. THEY ARE NOT TRAINED OR LICENSED TO PROVIDE A MEDICAL DIAGNOSIS OF ANY KIND OR TYPE.
3. I and my family shall indemnify, defend, and hold harmless Indemnitee, the subsidiaries and parent corporations of Indemnitee, each director, officer, employee, consultant, and agent of Indemnitee or any of its subsidiaries or parent corporations, and each affiliate of Indemnitee and its subsidiaries and parent corporations, and their respective heirs, legal representatives, successors, and assigns (collectively, the Indemnitee Group”), from and against any and all claims, actions, causes of action, demands, assessments, losses, damages, liabilities, judgments, settlements, penalties, costs, and expenses (including reasonable legal fees and expenses), of any nature whatsoever, whether actual or consequential (collectively, “Damages”), asserted against, resulting to, imposed upon, or incurred by any member of the Indemnitee Group, directly or indirectly, by reason of or resulting from receiving educational training for my child or children.

Any suggestions made to seek other services are simply suggestions. If the client chooses to follow the suggestions, the client assumes full responsibility for all charges and/or damages resulting from services. The client will hold the clinician, and all associated individuals, harmless for any and all obligations, damages, and charges resulting from services rendered by others.

Counseling/therapy is not a “quick fix” or a “cure all.” It may or may not produce desirable results and, for some, may be detrimental. If at any time, you are not satisfied with the progress, approach, or techniques, you are encouraged to address this with the counselor, and you or the counselor may consider if services are still serving your needs at any time. Persistent lack of response to intervention may necessitate termination of treatment and/or referral to another healthcare provider for further treatment.

4. This Indemnity Agreement shall insure to the benefit of and be binding upon the respective heirs, executors, administrators, successors, and assigns of the Indemnitee and the undersigned.

5. This Agreement contains the entire agreement between the parties. No modification or amendment of this Agreement shall be of any force or effect unless made in writing and executed by the parties.
6. This Agreement, and the rights and obligations hereunder, may be assigned by Indemnitee to any of its affiliates at any time without the consent of the undersigned.
7. I agree that exclusive venue and jurisdiction of any dispute arising hereunder shall be in Dallas County, Texas, and that the terms and provisions of this Agreement shall be governed by and construed in accordance with the laws of the State of Texas without reference to its choice of law rules.
8. Except as expressly set forth herein, all disputes and claims relating to or arising out of this Agreement, including but not limited to all federal and state laws pertaining to the relationship, rights and obligations of the parties hereunder shall be settled totally, finally, and exclusively by binding arbitration in the City of Dallas, Dallas County, Texas, in accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the American Arbitration. Notice of such claim must be served on the other party within sixty (60) days of its inception to be valid. The decision of the Arbitrator(s) shall be final, and the judgment upon the award rendered by the Arbitrator may be entered in any court having jurisdiction thereof. This agreement to arbitrate shall survive the termination of this Agreement for any reason. The parties further agree that they may use alternate dispute resolution, including mediation, to resolve any differences and disputes between them.

AGREED TO BY:

Name (parent 1) _____
Address _____
Signature _____
Date _____

Name (parent 2) _____
Address _____
Signature _____
Date _____

** We require signatures from both legal parents/ guardians. If you have sole custody, please provide documentation.

ACKNOWLEDGED BY: BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN

Signature _____
Name _____
Title _____
Date _____



Filming and Photography Participation Consent Form

Introduction:

The Brent Woodall Foundation for Exceptional Children often uses photography and video of clients and their children to promote education and awareness to other parents and to advertise the services of the Brent Woodall Foundation.

The Brent Woodall Foundation for Exceptional Children is requesting consent to film and photograph your child during various activities. These activities include: therapy, summer camps, Preschool Readiness Education Program (PREP), Communication and Life Skills program (CALs), Targeted Intervention of Elementary-Aged Students (TIES), etc.

The videos and pictures taken will assist in promoting and advertising the services the Brent Woodall Foundation provides to children and their families. It is possible that videos and photos will appear on the Brent Woodall Foundation's website, Facebook, and brochures. Often, staff members will use videos of clients demonstrating teaching skills and techniques in parent- and professional- training workshops. This includes the appearance of your child's image (under a pseudonym) to appear in newspaper, magazine, and/or article publications promoting the Brent Woodall Foundation's services. All film and photography will be taken during your child's regularly scheduled sessions at the BWF.

Voluntary Participation:

Participation is voluntary. Your decision regarding whether or not to allow your child to participate will in no way affect your relationship with the Brent Woodall Foundation for Exceptional Children.

Procedures for Maintaining Confidentiality of Research Records:

If you give permission for your child to participate in photography and/or filming procedures, any relevant footage may be used for the Brent Woodall Foundation's website or advertisement purposes. No identifiable information about your child will be provided. The confidentiality of your child's individual information will be maintained in any publications or presentations, unless you specify otherwise.

Questions about the Video or Pictures:

If you have any questions about photography and/or filming procedures, you may contact Executive Director Tracy Pierce Bender at Tracy@woodallkids.org.

Your Child's Rights:

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- The filming process was explained to you and all of your questions were answered.
- You understand that you do not have to allow your child to take part in the filming/pictures, and your refusal to allow your child to participate will involve no penalty or loss of rights or benefits.
- You understand why the filming and photography are being conducted and how it will be performed.
- You understand your rights as the parent/guardian of your child and you voluntarily consent to your child's participation in filming/photography.
- You have been told you will receive a copy of this form.

Please place a check by one of the below options.

____ I hereby give permission for my child to be captured in filming and photography for the Brent Woodall Foundation. I understand that my child's confidentiality will be respected and I can withdraw this consent at any time.

____ I hereby give permission for my child's image and voice to be recorded for the Brent Woodall Foundation conference, but request his/her name remain confidential. I understand that my child's confidentiality will be respected and I can withdraw this consent at any time.

____ I am not willing for my child to be captured in photography and filming for the Brent Woodall Foundation. I understand that my child's confidentiality will be respected.

Printed full name of child

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date