



**Brent Woodall Foundation for Exceptional Children  
Woodallkids Academy**

2013-2014 Woodallkids Academy Registration & Policies

## **Brent Woodall Foundation for Exceptional Children Woodallkids Academy**

### **What is Woodallkids Academy?**

Woodallkids Academy is designed to offer a therapeutic alternative to special education for children with autism and other developmental disabilities. The mission of the program is to provide the children with cognitive and social skills practice using the principles of Applied Behavior Analysis (ABA) in an intensive, highly structured environment.

### **Who is Woodallkids Academy for?**

5-7 year olds

### **What does a typical day at Woodallkids Academy look like?**

WA utilizes the principles of ABA in individual and group settings. A typical day at WA will include a welcome and planning time, learning objectives (math, reading, language, and handwriting), social skills training, fine motor practice, creative movement, yoga, instructional lunch, and circle time. WA adheres to any toilet training programs and behavior plans necessary for each student.

### **When is Woodallkids Academy?**

The program is designed to provide intensive, therapeutic instruction year-round in a three 14-week trimester format. Children will attend Monday through Friday from 9:00 am- 2:00 pm.

### **About the Staff**

Jaci Hardwick is the Assistant Director of Education for the Brent Woodall Foundation for Exceptional Children. She is a Behavior Specialist and Certified Teacher. Jaci has been teaching and providing therapy for children with autism and other developmental disabilities for several years.

WA will have a 1:3:10 specialist/ technician/ student ratio. If necessary, 1:1 prompting will be provided for children who require additional support. Behavior Technicians will be specially trained to provide necessary assistance in the group setting while promoting independence in learning.

### **Daily Schedule**

A general schedule of therapeutic activities will be posted in the room each day. While routine is important, schedules will vary slightly from day to day.

### WOODALLKIDS ACADEMY 2013-2014

AUGUST 2013						
S	M	T	W	TH	F	S
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4	5	6	7	8	9	10
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25	26	27	28	29	30	31

JANUARY 2014						
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26	27	28	29	30	31	

MAY 2014						
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SEPTEMBER 2013						
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29	30					

OCTOBER 2013						
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MARCH 2014						
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30	31					

JULY 2014						
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NOVEMBER 2013						
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APRIL 2014						
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AUGUST 2014						
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31						

DECEMBER 2013						
S	M	T	W	TH	F	S
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22	23	24	25	26	27	28
29	30	31				

DATES:	HOLIDAYS:
FALL TRIMESTER (--)	5/26- MEMORIAL DAY
SPRING TRIMESTER (--)	7/4- INDEPENDENCE DAY
SUMMER TRIMESTER (5/19- 8/22)	
BREAK (8/25- 9/8)	

## POLICIES & PROCEDURES

March 2014

### **Admission Steps:**

Please provide these items before the first day of class:

1. Completed Registration Form
2. Fees: Registration fee and first month's tuition
3. Completed student information sheet including emergency information
4. Consent form for video, photo, and name usage
5. Confidentiality Agreement
6. Signed acknowledgment of receipt & understanding of packet

### **Testing:**

All children entering WA will complete the Brigance Diagnostic Comprehensive Inventory of Basic Skills-Revised (Brigance). This testing must be completed before the first day of the trimester. To schedule your child's testing, email [academy@woodallkids.org](mailto:academy@woodallkids.org). A post-test will be conducted at the end of each year.

### **Testing/Registration Fee:**

There is a yearly \$250 non-refundable testing/registration fee due at the time of your child's initial testing. A new testing/registration fee will be due at the beginning of each year, beginning with the Fall trimester.

### **Tuition Payment Options:**

WA runs in three 14-week trimesters. Each trimester will cost \$6000. WA can be filed under individual insurance as Group ABA Therapy. For questions, contact Carley Waltenburg at [carley@woodallkids.org](mailto:carley@woodallkids.org). All tuition fees are non-refundable.

### **Payment Options:**

Parents may choose to pay for the year in full, pay the trimester in full, or utilize a payment plan.

- ❖ Full School Year: ~~\$18,000~~ \$16,000  
A \$2,000 discount will be given when paying for the entire academic year in full.
- ❖ Trimester: ~~\$6000~~ \$5,500  
A \$500 discount will be given when paying for the trimester in full.
- ❖ Payment Plan: 3 monthly payments of \$2,000.

### **Attendance:**

Children are expected to arrive by 9:00am unless special arrangements have been made prior. All instruction will begin promptly at 9:00am. To ensure a positive start to your child's day, please do not arrive later than 9:00am. WA concludes daily at 2:00pm. Children must be picked up at that time unless arrangements have been made in advance for them to stay for other BWF services.

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Code: \_\_\_\_\_

To maintain consistency and reduce distraction for all of the children, vacations and outside appointments should be scheduled around WA. WA should be notified of all absences for the security of the children as well as for programming purposes. A note from the child's doctor may be required when the child is absent 2 or more days. A doctor's order is required to return following a communicable illness. Refunds will not be made for absences or emergency closings. Makeup days will be scheduled for weather or other emergency related closings.

### **Signing In and Out:**

All parents are **required** to sign their children in and out each day.

### **What To Send With Your Child:**

Each child will need (daily):

1. At least two changes of clothing.
2. Packed lunch (no nut products allowed or items that require heating up).
3. Backpack.
4. Toileting products may be needed by some children.

**\*Please label all items with child's code.**

### **Clothing:**

Children are required to wear a WA t-shirt and one of the following colored shorts, pants, or skirts: khaki, denim, or black. Please have girls wear modesty shorts under skirts. Each child will be given two (2) WA shirts prior to starting their first Trimester. Additional shirts can be purchased for \$10. Children's clothing should be appropriate for the weather and the child's individual needs. Children will be using paint and other messy materials that may stain clothing.

### **Communication:**

If you do not already have an email address, please set one up. Email is our main point of contact with each family. You will be receiving your invoice and important notifications through email. It is also the most efficient way for you to communicate with us. All appointment requests must be made to Tracy via email at [academy@woodallkids.org](mailto:academy@woodallkids.org). We will call if there are urgent cancellations. Please make sure your email will accept email from the following: [academy@woodallkids.org](mailto:academy@woodallkids.org), [info@woodallkids.org](mailto:info@woodallkids.org), [development@woodallkids.org](mailto:development@woodallkids.org), [carley@woodallkids.org](mailto:carley@woodallkids.org), [tracy@woodallkids.org](mailto:tracy@woodallkids.org), [irina@woodallkids.org](mailto:irina@woodallkids.org), [jaci@woodallkids.org](mailto:jaci@woodallkids.org), [erin@woodallkids.org](mailto:erin@woodallkids.org). In the event of inclement weather, we will give information regarding closing on our outgoing voicemail. If you are unsure if we are open, you can call 972-756-9170 to get that information. We will also do our best to post closings with major news stations and on our Facebook page ([www.facebook.com/woodallkids](http://www.facebook.com/woodallkids)).

Parents will be given a weekly summary of data based on their child's objectives. Data will be collected and analyzed in order to track progress on all goals.

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Code: \_\_\_\_\_

**Observation:**

Parents are welcome to observe WA by appointment. If a parent's attendance becomes a distraction to their or any child, they will be asked to leave. WA can be videotaped on request to allow parents to observe their child without distracting them. Observations must be scheduled in advance with Tracy Pierce Bender. Please email [academy@woodallkids.org](mailto:academy@woodallkids.org) to schedule an observation.

**Sick Policy:**

***Children must be fever, diarrhea, and vomit free for 24 hours without the use of fever reducing medication before returning to the office after being ill.*** If your child becomes ill while at our office, we will call you to pick him/her up immediately. If your child is sick, you must call the office at (972)756-9170 and leave a message or email [academy@woodallkids.org](mailto:academy@woodallkids.org) by 7:00 am.

**Nut Free Environment:**

The Brent Woodall Foundation is a nut-free zone. Please do not send food with your child that contains nuts of any kind. If those items containing nuts are brought into the office, we will be required to discard them immediately. If you eat or handle any nut products prior to entering our office, please wash your hands and/or use hand sanitizer.

**Medications and Supplements Policy:**

We are unable to administer medications/supplements to any client. Parents may issue medications/supplements to your child, but the medication/supplements cannot remain with the BWF staff. Parents must keep medication with them at all times. Medications or supplements cannot be put into a child's food or drinks. If you have any questions regarding this policy, please speak with Tracy.

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Code: \_\_\_\_\_

## Woodallkids Academy

### REGISTRATION

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

#### **CHILD INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (home): \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Language spoken by child: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

#### **PARENT/GUARDIAN INFORMATION**

Child Resides With: Both Parents Mother Father Guardian

***If guardian:*** Is this the legal guardian? Yes No Relationship to child: \_\_\_\_\_

Primary Caretaker: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home # (if different): \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home # (if different): \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please inform Woodallkids Academy ([academy@woodallkids.org](mailto:academy@woodallkids.org)) of any changes in contact phone numbers, addresses, or e-mail addresses.**

## WAIVER AND INDEMNITY AGREEMENT

I, \_\_\_\_\_, acknowledge and agree to receive educational training from representatives of the BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN ("Indemnatee"), 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 Indemnatee 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 Indemnatee, the subsidiaries and parent corporations of Indemnatee, each director, officer, employee, consultant, and agent of Indemnatee or any of its subsidiaries or parent corporations, and each affiliate of Indemnatee and its subsidiaries and parent corporations, and their respective heirs, legal representatives, successors, and assigns (collectively, the Indemnatee 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 Indemnatee 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.



Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Code: \_\_\_\_\_

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 \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

ACKNOWLEDGED BY:

BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN  
WOODALLKIDS ACADEMY

By \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Code: \_\_\_\_\_

## Confidentiality Agreement

I, \_\_\_\_\_, agree to keep all information received and/or obtained through the Brent Woodall Foundation for Exceptional Children, Woodallkids Academy confidential. I cannot share any information attained with any person(s) outside of Brent Woodall Foundation staff. I understand that if I have knowledge of any person(s) who has violated this confidentiality agreement, I am required to report it to the Director immediately. I understand that any willful misrepresentation or failure to comply and follow the policies and procedures set forth at any time is cause for denial or dismissal of services.

I have read and understand the above statement.

I agree to conform to the above statement.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Policy Agreement

I have read and understand the Brent Woodall Foundation's Woodallkids Academy Packet dated March 2014. I understand that if I have any questions about the content of this packet, I can ask the Director at any time. I understand that when this packet is updated, I will be asked to read the new version and sign another statement of understanding. I agree to abide by the Policies and Procedures outlined in the WA Packet.

\_\_\_\_\_

Parent's Signature and Date

\_\_\_\_\_

Child's Name

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Code: \_\_\_\_\_

## Consent Form

Woodllkids Academy (WA) is designed to help children grow and develop to their fullest potential. At various times, the children and therapists will be photographed and/or videoed. These photos and videos will be used for several purposes: research documentation and evaluation, parental viewing, lessons in the group, and development materials such as progress updates, display boards, informational videos, and media releases.

We request your consent for the following statements. Consent is on a completely voluntary basis. You may withdraw consent at any time without any penalty to you or your child. If you withdraw consent, please state your request in writing and date your request. A copy of this form can be provided for your records.

Please initial where you consent. Please ask to update this form if you would like to change your consent on any of the items below. Thank you for your valuable participation.

\_\_\_ Yes, I will allow photographs of my child/self to be used in display or printed materials published by the Brent Woodall Foundation, WA or to be used for research purposes.

\_\_\_ No, I will not allow photographs of my child/self to be used for any purposes.

\_\_\_ Yes, I will allow videotapes of my child/self to be used in the above stated cases.

\_\_\_ No, I will not allow videotapes of my child/self to be used.

\_\_\_ Yes, I will allow videotapes of my child/self to be used for parent observation.

\_\_\_ No, I will not allow videotapes of my child/self to be used.

\_\_\_ Yes, I will allow the staff to send me emails including protected health information about my child.

\_\_\_ No, I do not want to receive emails containing protected health information about my child.

\_\_\_ Yes, I will allow my name or my child's name to be used in the above stated cases.

\_\_\_ No, I will not allow my name or child's name to be used.

\_\_\_ Yes, I will allow the staff to speak with me about my child in the lobby or other common area.

\_\_\_ No, I only want staff to speak with me about my child in private.

\_\_\_ Yes, I will allow personal information (e.g., name, phone, email, address, etc.) in a WA directory.

\_\_\_ No, I will not allow any contact or identifying information in a directory.

Child's Name: \_\_\_\_\_ Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_