

Please note:

- Applications will be reviewed in the order in which they are received.
- To guarantee that your application is reviewed you must return **this** application and required documents to continue in the application process.

Office Use Only:

Date Received: _____

Time Received: _____

**Early Learning Institute at Michigan State University
Application Form**

620 Farm Lane, Room 146, East Lansing, MI, 48824

Questions?

Call 517-884-1882

Child's Name:	Gender (circle): Male Female
Child's Birth Date: Child's Age:	Child's Social Security Number (req'd for insurance verification):
County of Residence:	
Parent/Guardian Name:	
Address:	Phone: (Home) _____ (Cell) _____ (Work) _____ Email: _____
How were you referred to our program?	

Family Information

Household Members: List name, age, and relation to child
Others who care for child: List name, age, and relation to child

Child's Health Information

Does your child have any significant health conditions? <input type="checkbox"/> NO <input type="checkbox"/> YES (please describe)
Does your child take medication? <input type="checkbox"/> No <input type="checkbox"/> Yes Medication _____ Dosage _____ Prescribing Doctor _____ Information we need to know: _____
Primary care physician: Doctor _____ Practice _____

Intense/Unusual Interests: No Yes Describe:

Repetitive Behaviors: No Yes Describe:

Property Destruction: No Yes Describe:

Social deficits / difficulty with peers: No Yes Describe:

Educational Issues: No Yes Describe:

Describe any other behavioral concerns you have:

Overall Health and Self-Care
Identify any concerns with the following for your child

Feeding/Eating: No Yes Describe:

Sleep issues: No Yes Describe:

Toileting: No Yes Describe:

Concerns regarding sibling interactions: N/A No Yes Describe:

Other concerns not noted above:

Does your child nap: No Yes If yes, what time and how long:

Child and Family Strengths

Child:

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Family:

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Availability for Parent/Family Training

We include parent/family engagement and training as part of all programming. Please note the days and times you are available to come to the Institute or for us to come to your home:

	In School <small>(These trainings would be scheduled between 8:30am to 4:00pm and take place at the ELI)</small>	In Home <small>(Meetings would be scheduled after 4:30pm and take place in your home)</small>
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

Current and Past Services

Services Received	Agency	Contact Name and Number	Service Dates

Case Management (example: Early On, Social Work, CMH)			
School Setting			
Inpatient Hospitalization			
Occupational therapy			
Speech therapy			
Physical therapy			
Other (examples: diets, chelation, animal therapy, sensory integration)			

Completed Application Checklist

Please submit the following **required** documents

1. This completed application
2. AAEC Evaluation (confirming ASD diagnosis)

Submit to: Attn: ELI APPLICATION
620 Farm Lane, Room 146
East Lansing, MI 48824

OR

Fax to: (517) 884-3078