

## OUTREACH SERVICES REQUEST- GENERAL

**Child:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
**Child's Current Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

- 1) Parent Name(s) \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Contact Information: Please circle preferred contact person & method
  - Mother: Phone \_\_\_\_\_ Email \_\_\_\_\_
  - Father: Phone \_\_\_\_\_ Email \_\_\_\_\_
- 4) Does your child have any siblings living in the home? \_\_\_\_\_
- 5) Is your child currently enrolled in the Alta Vista Center? \_\_\_\_\_  
 If so, which program \_\_\_\_\_ Program Coordinator \_\_\_\_\_
- 6) Is your child currently receiving services from any other organization (e.g., school-based, speech, OT, music therapy, physical therapy, etc)? If yes, please list services and organization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7) Please select any area(s) of need that you would like to address through outreach services:

<input type="checkbox"/> Daily Living	<input type="checkbox"/> Behavior Reduction	<input type="checkbox"/> Communication
<input type="checkbox"/> Social Skills & Interactions	<input type="checkbox"/> Adaptive Behavior (e.g., tolerance of change, non-preferred activities)	<input type="checkbox"/> Leisure Skills
<input type="checkbox"/> Motor Skills (fine/gross)	<input type="checkbox"/> Speech and Language	<input type="checkbox"/> Food Selectivity
<input type="checkbox"/> Toilet Training	<input type="checkbox"/> Academics	<input type="checkbox"/> Other

8) If your child has needs in the area of behavior reduction or adaptive behavior, please describe the behavior you would like to change:

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9) Please select the type(s) of outreach services you would like to receive (please note that while we will attempt to provide the type of service you request, not all services may be available at time of request):

- Center-based Instructor providing direct carry-over & generalization from center-based setting to home through direct instruction.
- An Alta Vista Center affiliated consultant providing training to and supervision of therapists hired by my family to run a home program.
- Other Requests: \_\_\_\_\_

10) Please list preferred day(s) of week for outreach services: \_\_\_\_\_  
\_\_\_\_\_

11) Please indicate requested number of hours per day: \_\_\_\_\_ Total hours per week: \_\_\_\_\_

12) Please list any other request, concerns, or relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) Funding Information: To aid us in coordinating your service needs please provide the following information:

- Paying Party \_\_\_\_\_
- If receiving funds from an organization list:  
Organization Name: \_\_\_\_\_  
Amount of funds available: \_\_\_\_\_  
Additional funding information such as funding restrictions, eligibility for funding, when funds expire/end, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your request; your request will be added to our current wait list. We will be contacting you to discuss the availability of services.

**For office use only:** Date Received \_\_\_\_\_ Approved by \_\_\_\_\_

Start Date \_\_\_\_\_ Approved Schedule of Days & Times \_\_\_\_\_