



Tate Early Learning

Earliest possible behavioral intervention for children at risk for Autism

Application for Autism Parent Consultation Program

Child's Name: _____ Date of birth: ___/___/___ Gender: M / F
 Parent's Name: _____ Are you the child's legal guardian? Yes / No
 Phone number: (home) _____ (work) _____ (cell) _____
 Email: _____ Preferred contact method: email home work cell
 Street Address: (where home visits will take place) _____
 City: _____ State: _____ Zip: _____

Please circle:

- YES / NO Does this child have a biological sibling whom has been diagnosed with Autism?
- YES / NO Has this child's doctor or another health care professional said that this child is showing "red flags" or potential signs of Autism?
- YES / NO Has this child been diagnosed with Autism? *If yes, doctor and date:* _____
- YES / NO Has this child been assessed by a doctor or psychologist who determined the child does NOT have Autism? *If yes, this child is likely not a candidate for this program.*
- YES / NO Is this child scheduled to see a psychologist or other doctor due to developmental delays or risk of Autism? *If yes, date:* _____
- YES / NO Is this child receiving any Early Intervention Services (developmental specialist, speech therapy, occupational therapy, etc.?)
- YES / NO Is this child receiving, scheduled to receive, or scheduled for assessment or intake by another Autism-related specialty service provider (e.g. ABA or DIR/Floortime)?
- YES / NO Will at least 1 parent commit to actively participate with the child during all consultation sessions? ***This is required for participation.***

| Please write in the times of day that you are available to schedule your in home consultation sessions. The greater your availability, the greater the likelihood of your child being admitted. | | | | |
|--|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | |

Parent/Guardian signature _____ Date _____



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Consent for Release of Information

I, _____ give Tate Behavioral / Tate Early Learning permission to access
(parent guardian name)

and share information about _____ either verbally or in writing.
(child name and date of birth)

This information includes but is not limited to all medical, developmental, psychiatric, and behavioral assessments and treatment.

This information will be shared for the purposes of evaluation, assessment, treatment and ongoing continuity of care. Consent will be effective for one year and can be revoked at any time with 7 days notice in writing.

Tate Behavioral may give/receive information to/from the following agencies and individuals:

Please list your child's doctor's name, address and phone number:

| |
|--|
| |
|--|

Please list your Early Intervention provider's name, address and phone number if applicable:

| |
|--|
| |
| |

Parent/Guardian signature _____ Date _____

Parent/Guardian name (Please print) _____



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Application Instructions

All applications will be considered for admission. We have very limited spots available. If we receive more applicants than we can serve, children will be prioritized based on degree of risk or delay and parent/child availability for scheduling. Children not admitted to the pilot program will be placed on a wait list for potential future services.

Please email or fax all of the following to:

Kelley St. Clair, MA, BCBA, LABA
Director of Early Learning
Tate Behavioral
(413) 779-4023 ext. 3

kelley.stclair@tatebehavioral.com | FAX: 413-517-0379

1. Completed and signed “**Application for Autism Parent Consultation Program**”
2. Completed and signed “**Consent for Release of Information**” giving Tate Early Learning / Tate Behavioral permission to request information from your child’s doctor and Early Intervention provider, if applicable.
3. **At least one of the following documents:**
 - A letter or email from the child’s physician stating that the child is considered at risk for Autism, listing the signs and/or delayed milestones, and stating that ABA-based parent consultation is recommended.
 - A letter, email, or formal assessment results from the child’s Early Intervention program listing the child’s delayed milestones and stating that ABA-based parent consultation is recommended.
 - A completed Autism screening tool report such as:
 - M-CHAT, ASQ:SE-2/ASQ-3, RITA-T, CSBS-DP or similar, **OR**
 - CDC Milestone Tracker results (you can do this yourself on your phone)
 - Download the CDC Milestone Tracker App to your device,
 - Complete the milestones questionnaire for your child, and
 - Print and attach the final report to this application or email it directly to: kelley.stclair@tatebehavioral.com. Type “Tate Early Learning Application,” your child’s name, and your name in the email message.
 - Be sure to share the results with your child’s pediatrician!

If you need assistance with the application process please call or email, we are here to help.