

Spectrum Social and Recreation Services, LLC

1509 W. North Loop ~ Austin, TX 78756

512.524.5482

www.spectrumsocial.net

Details of Social Groups for School Aged Children (5-19) – Fall 2009

Enrollment in Groups:

We group students with peers that function similarly to your child in his cognitive, social, recreation, and language abilities. We see students from all over the Austin area on a weekly basis and work hard to find common times for similar students to be scheduled.

We spend many hours considering group placements for the students, this is a labor intensive process. To help with the process, we encourage you to provide as many possible times and days to allow the most options when scheduling. This significantly increases the chances your child will be placed in a group. When completing the schedule availability section of the application, please fill every square so there is no doubt as to your availability.

Attendance and Cost of Groups:

Group work is dependent upon all group members attending as many sessions as possible. When your child misses a session, he not only misses the content and work of that week, but his group members miss out on the unique contributions to the learning opportunities your child offers the group. It is our belief that students make the most progress when they are consistently present, so to encourage regular attendance and maintain consistency in group participation and makeup, we offer our groups in session packages.

Fall groups run in one 12 week sessions over the Fall school semester.

Fall groups start week of: September 14-18
Fall groups end week of: December 7-11

Classes will not meet week of: November 23

Sessions are priced at a cost of \$600 per session (12 classes). Families who wish to pay in installments over the course of the session, may opt for 3 payments (at a slightly higher total cost).

Payment dates as follows:

Payment in Full option

(total cost \$600)

* Due first day of class (\$50 deposit applied)

Payment Plan Option (due dates)

(total cost \$660)

* First day of class - \$270 (\$50 deposit applied)

* Oct. 9th - \$195

* Nov. 6th - \$195

Families who would like to try a group but are not sure about enrollment may try a single class at a cost of \$65. This amount will be applied to the total cost of the group should you enroll.

Registration and Deposit

The attached registration form must be filled out completely and returned even if you have attended sessions at Spectrum in the past. Please remember the more time you make available to us to choose from the better chance your child has of being placed in a group at Spectrum. Even if we know and adore your child, we may not be able to place him if we can not accommodate his schedule.

A \$50 non-refundable deposit is required to hold your confirmed space once your child is accepted and time/day placement in a class has been determined. The teacher of each class will contact confirmed students and the deposit to hold the space will be due in one week. This money will be applied to the total cost of the session for which your child is enrolled.

Submit Application to:

Please mail, email or fax completed application

Spectrum Social & Recreation Services
1509 W. North Loop; Austin, TX 78756

Email: info@spectrumsocial.net

Fax: 512-524-1177

SPECTRUM SOCIAL AND RECREATION SERVICES, LLC

Part 1: Client and Parent Contact Information			
Client's Legal Name	Date of Birth	Age	Sex
School district and campus for the current or upcoming school year:			
Parent/ Legal Guardian/Adult Client			
Name _____		Phone _____	
Alternate Phone _____		Email _____	
Address _____			
City _____		State _____	Zip _____
Name of person responsible for payment _____			
Part 2: Emergency Notification			
If person named above is not available in the event of an emergency, please contact			
Name _____		Relationship to Client _____	
Phone _____		Alternate Phone _____	
Part 3: Social, Communication and Behavioral Information			
The information requested below is to help us better understand your child's needs and make the best class recommendation possible. Please be as detailed as necessary – feel free to attach additional pages.			
Current Diagnosis (if any): _____			
Please note if your child has...	Yes	No	Comments / Explanation
Physically Aggressive Behavior			
Self Injurious Behavior			
Verbal Aggression			
Tendency to unbuckle seat belt during transition			
Tendency to run away from group / class			
Challenges with mobility			
Seizure disorder / Other significant medical challenges			
Would your child require 1:1 supervision / support on a community outing? (if yes, please explain)			
Can your child attend to a verbal presentation (with visual supports) for at least 10 minutes? (If no, please explain)			
Does your child have expressive / receptive language delays? (if yes, please describe supports currently in place)			
Does your child have significant gross or fine motor delays? (if yes, please describe supports currently in place)			
Is there any other information you feel we need to make the best placement decision for your child?			

Client Application