



Service(s) Request

Child's Name: _____ DOB: _____ Requested Start Date: _____

Child's Current School: _____ Child's Current Grade: _____ Child's T-Shirt Size _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

SCHOOL SERVICES

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include Students with Autism (Preschool/Readiness, Aspire K-2, Elementary, Middle/High), Tuition rates, and Behavioral Aide.

Funding Sources: [] Self-Pay [] Opportunity Scholarship [] Disability Scholarship [] State Funded Early Intervention Scholarship [] ABC of NC Financial Aid [] Other

SUPPLEMENTAL SCHOOL SERVICES

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include Family Sessions, Facilitated Peer Play, School Consultation, Yes, And! Improv Class, Speech Therapy, Adaptive Martial Arts, Summer Program.

Funding Sources: [] Self-Pay [] Opportunity Scholarship [] Disability Scholarship [] State Funded Early Intervention Scholarship [] ABC of NC Financial Aid [] Other

CLINICAL/PSYCHOLOGICAL SERVICES

May be covered through private health insurance and/or and subject to co-pays or co-insurance

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include BCBA/BCaBA Consultation, 1:1 ABA* Therapy, Group ABA* Therapy, Diagnostic Evaluation, Family Therapy, Individual Therapy, Intensive Diet Intervention, Intensive Toilet Intervention, Intensive Behavior Intervention.

*ABA: Applied Behavior Analysis

Funding Sources: [] Private Health Insurance [] Medicaid [] Self-Pay [] Financial Aid [] Other

SERVICES- TYPICALLY DEVELOPING PEERS

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include Preschool/Readiness, Elementary, Summer Program.

SIGNATURE OF PARENT/GUARDIAN

DATE SUBMITTED

This is a request form only and not a guarantee of services. This form is not a replacement for any required financial aid/ scholarship applications, insurance company or other funders' requirements.