



JACKSONVILLE SCHOOL FOR AUTISM TOUR & ADMISSION PROCESS

PROCESS FOR ADMISSION

- Please follow the admissions steps listed below and complete/provide all documents as requested and either fax/scan/mail back to JSA Admissions.
- Once information is received, JSA administration will schedule the tour & evaluation.

Step 1: Form Submission

- Go to www.JSAKIDS.ORG to find out about JSA and our school model.
- Complete the attached forms:
 - JSA Application for Admission
 - JSA Interview and Intake Form
- Upon receipt of the application & intake form, the parents/guardians will be contacted by phone to review the application and answer questions regarding specific service/school needs.

Step 2: Tour & Intake Evaluation

- All required documents must be received & reviewed by JSA prior to scheduling a Tour and/or Student Intake Evaluation.
- JSA Clinical Group Intake Forms (for ABA Insurance Benefit confirmation)
- Current IEP (Individualized Education Plan)
- Recent assessments (VB-MAPP, ABLLS-R, AFLLS, etc.), ABA treatment plans with goals and current progress on goals
- Past behavior plans and reports from current SLP/OT/PT
- Any other documentation that states current development level relating to language, communication, and/or behaviors

Step 3: Schedule Intake Evaluation - \$300 Intake Fee

- JSA will review the IEP & documents to determine eligibility and class placement based on the student's age and needs.
- If your child is eligible, but there is not a classroom and/or clinic opening, JSA will notify you for a tour/intake evaluation and place your child on a wait list.
- Please allow one (1) week to hear if your child has been approved for a Student Intake Evaluation.

Required Fees

- \$ 1,000 New Student Deposit (waive for military)
- \$ 700 Registration Fee

Tuition

- Individualized tuition based on student enrollment and program placement.
- Tuition range from \$10,000-\$65,000 depending on student's need and teacher ratio.
 - Average Tuition: \$35,000 for half day classroom/ clinic placement.
 - Average Tuition: \$25,000 for all day classroom placement.
- Payment Options include:
 - John McKay Scholarship (www.floridaschoolchoice.org)
 - Step Up/Gardiner/PLSA Scholarship (<https://www.stepupforstudents.org>)
 - ABA Insurance Reimbursement (Aetna, BCBS, Tri-Care, United)
 - Private Pay Tuition
 - NOTE: JSA is not a Medicaid service provider.
- JSA Executive Director can verbally discuss tuition estimates based on program placement.

Attn: JSA Admissions Committee

Jacksonville School for Autism | 9000 Cypress Green Drive | Jacksonville, FL 32256
T: [904.732.4343](tel:904.732.4343) | F: [904.732.4344](tel:904.732.4344) | email: info@jsakids.org | website: www.jsakids.org



Student Application for Admission

Name of Child _____
(First) (Middle) (Last)

Date of Birth: _____ Age _____ Male _____ Female _____ Social Security # _____

City/State where born _____

These forms must be provided before your child is allowed enrollment at JSA.

Autism Diagnosis & Diagnostic Evaluation:

Does your child have a diagnosis of Autism

Yes _____ No _____

Other diagnosis _____

Student Health Documentation:

Student Health Examination documentation (Dept of Health Form DH 3040)

Yes _____ No _____

Florida Certificate of Immunization (Dept of Health Form DH 680)

Yes _____ No _____

Florida Exemption from Immunization department on your child

Yes _____ No _____

Diagnosis/Medical Information (Medications, seizures, specialized treatments):

Parents agree to update the school with any changes to your child's medical status as needed.

- *JSA is a McKay Scholarship and Step Up/PLSA- Gardiner Scholarship approved school.*
- *JSA also accepts all major insurance carriers for coverage of ABA/Applied Behavior Therapy.*
- *JSA does not currently accept any form of Medicaid insurance.*

JSA OFFICE USE:

Program: Full Time _____ Part Time _____ Clinic _____

Enrollment Fees

\$ 300.00 Student Intake Evaluation Fee _____ payment method _____

\$ 600.00 Registration Fee _____ payment method _____

\$1,000.00 Deposit _____ payment method _____

JSA Enrollment Date: _____ JSA Withdraw Date: _____

Parent / Legal Guardian: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Email: _____

Occupation: _____ Title: _____

Employer: _____

Parent / Legal Guardian: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Email: _____

Occupation: _____ Title: _____

Employer: _____

Siblings

Name: _____ Age: ____ Gender: ____

Name: _____ Age: ____ Gender: ____

Name: _____ Age: ____ Gender: ____

Name: _____ Age: ____ Gender: ____

Name: _____ Age: ____ Gender: ____

School Experiences

School Name: _____

City _____ State _____

Attendance Dates _____ Current Grade _____

Type of Program: _____

Name: _____

City _____ State _____ County _____

Attendance Dates _____ Current Grade _____

Type of Program: _____

Consultant(s) or Other Organization(s) who have worked with Applicant:

Parent Goals & Expectations:

What are your immediate goals for your child?

How would you like JSA to assist you in meeting these goals?

What level of commitment are you willing to make with regard to oversight of your child's school program and in order for your child to achieve these goals?

What would you like us to know about your child?

What are your child's favorite activities and interests?

What, if any, behavior issues does your child have? (Ex: self-injurious, aggressive towards others, etc.). Please explain and list procedures for handling behaviors (list behavior plans and consultants).

What current communication skills does your child have? (Ex: Vocal, sign language, PECS) Please explain what degree of functional communication your child has.

JSA School Model

Jacksonville School for Autism (JSA) expects that parents are actively involved in their child's program. Each student has a highly individualized program that must remain consistent at school and home in order for the child to reach his/her goals. Parents and teachers are encouraged to attend all IEP Meetings and Workshops given by the school.

We also ask that parents contribute volunteer & fundraising hours in order to keep our costs down. For those parents who are unable to volunteer on behalf of the school, we ask that you consider requesting family and friends to assist with volunteer efforts.

Tuition & fees may be increased and/or reduced annually based on JSA fundraising success each year. In addition, families who fail to meet fundraising requirements, can be assessed a non-fundraising student fee at the discretion of the Director.

As a Member of a non-profit 501(c)3 school, what talents, interests, professional training, or resources can you share to enhance the JSA community?

The undersigned hereby acknowledge that the information contained in this application is accurate in all respects.

PARENT/GUARDIAN: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

Jacksonville School for Autism (JSA)
9000 Cypress Green Drive Jacksonville, FL 32256
(904) 732-4343 office (904) 732-4344 fax

Please note that submission of this application does not guarantee enrollment.



Intake Assessment Form and Interview

Personal Information

Child's name: _____
Date of birth: ____/____/____ School grade (if applicable): _____
Address: _____
Parent's names: _____
Phone number: _____ Fax: _____ Alternate #: _____
Email: _____

Medical Information

Primary Diagnosis: _____ Secondary Diagnosis: _____
Age at Diagnosis: _____ Diagnosed by whom: _____
Allergies: _____
Special Diet: _____

Other biological interventions: _____
Current Medication(s): _____
Past Medication(s): _____

Previous Therapy Received

Please indicate the therapy your child has previously received, the setting, and hours per week:

- ☐ ABA Therapy _____
- ☐ Occupational Therapy _____
- ☐ Physical Therapy _____

Communication

What is your child's primary form of communication (vocal, sign, pecs, etc.)? _____

How many times a day does your child ask for things he/she wants: (Please circle one)

Less than 50
Between 200-400

Between 50-100
Over 400

Between 100-200

Does your child like attention? _____

Does your child request attention appropriately? (Please list examples): _____

Does your child request information? If so, please list examples: _____

General Description of Skill Repertoire

Tacting: Is your child able to label items? _____

Imitation: Is your child able to copy motor movements you make? _____

Echoic: Is your child able to echo what you say? _____

Receptive: Is your child able to understand what you say and follow directions? _____

Intraverbal – Is your child able to answer questions about things that are not present? _____

Future Goals

Please list goals for your child over the next year: _____

Please list goals for your child over the next 3 years: _____

Everyday Problem Behaviors

Does your child display any significant problem behaviors? If so, has he/she received behavioral services and/or has a behavior plan been written and implemented? _____

Can you tell your child "no"? If not, please describe the problem behaviors: _____

Can you take away valuable items from your child? If not, please describe the problem behaviors: _____

Can your child wait appropriately? If not, please describe the problem behaviors: _____

Does your child consistently comply with instructions given to them? If not, please describe the problem behaviors: _____

Are you able to take your child to public places? If not, please describe the problem behaviors: _____

Eating Issues

Does your child have significant eating issues? If yes, please describe the issues: _____

Sleep Issues

Does your child have significant sleeping issues? If yes, please describe the issues: _____

Other Information:

Is your child toilet trained? _____

Is your child schedule trained? _____

If not toilet trained, describe the history: _____

Describe the problems related to toilet training: _____

