



Dear Parents,

Welcome! Thank you for your interest in Arrow Academy's Social Skills Summer Camp in Stevens Point! We are delighted you have chosen us to work with your son or daughter and help them continue to develop life-long relational skills. This group program will focus on growing communication, cooperation, self-regulation, and social-emotional awareness. Our mission is for each child to leave better equipped to form lasting friendships and navigate group situations.

This packet contains everything we will need from you in order to determine your child's initial skills and to seek authorization from your insurance provider. Many insurance companies offer coverage of these services, however most require us to submit a request for coverage with information on areas such as the child's current skills, their IEP, and recommendations from their pediatrician.

It should be noted that this group is best fit for children with beginning conversational skills and those who are able to be in a group environment without any significant disruptive behavior. Such behavior includes any aggressive behavior, any destruction of property, excessive inappropriate language, or attempts to leave the building. Children who are not yet able to engage in a group environment without a 1-to-1 aide may not be able to attend. **Any instance of significant disruptive behavior following the beginning of the program will result in discharge from the program.**

In this packet, you will find:

- Camp Selection – informs us which section of our social skills program you would like your child enrolled for, section 1, section 2, or both
- Consent for Services – describes the social skills program and requires your signature to confirm your consent to your child participating
- Parent Handbook Acknowledgement Form – provides information on where to find out Parent Handbook and requires your signature to confirm your agreement to the policies and procedures listed
- Financial Agreement – describes Arrow Academy's policies regarding financial responsibility for services and requires your signature to confirm your agreement to the policies and procedures listed
- HIPAA Privacy Authorization Form – allows Arrow Academy to contact your child's pediatrician for the necessary recommendation of participation. Many insurance companies require this in

order to authorize payment for services. Please fill in your child's pediatrician, check the boxes you feel comfortable with us accessing, and complete the information at the bottom of the form

- Parent Questionnaire – provides Arrow Academy with important emergency, health, and insurance information needed to ensure safety during the program and to obtain authorization from your insurance company
- Social Skills Checklist – provides Arrow Academy with a brief snapshot of your child's current skills in each area in order to establish the best starting point for teaching the whole group and your child individually
- Enrollment Document Checklist – a final overview of all documents needed to enroll, including this packet, a copy of your child's diagnostic report, a copy of your child's most recent IEP, and a copy of your insurance card

Following completion of this packet, **your child will attend a one-hour “get-to-know-you” day**. This is an opportunity for your child to get familiar with our setting and the group's instructor, as well as for us to present a few light social situations and confirm best teaching strategies.

We look forward to serving you and your child!

Please return this packet to the Arrow Academy front desk.

4500 Industrial Park Rd
Stevens Point, WI 54481
715-544-6847



CAMP SELECTION

Child's Name: _____ Child's DOB: _____

Each camp runs on Tuesday, Wednesday, and Thursday, from 1:30-3:30. There are no classes on Mondays or Fridays.

Please select which Social Skills Summer Camp(s) you are enrolling your child for:

MARK SELECTION	PROGRAM	MEET & GREET DATE & TIME	DATES	TIME
	Camp 1	Thursday, June 8, 1:30-2:30	June 13 – June 29	Tues, Wed, Thurs 1:30-3:30
	Camp 2	Thursday, July 27, 1:30-2:30	August 1 – August 17	Tues, Wed, Thurs 1:30-3:30

By signing below, you agree to allow Arrow Academy Inc. to process enrollment for your child in the above programs selected.

Parent/Guardian Signature

Date



PARENT HANDBOOK ACKNOWLEDGEMENT FORM

Our Parent Handbook is found on our website: www.arrowacademywi.org.

Please review the handbook in its entirety online before signing the form below.

The ABA Parent Handbook is where you will find the operating policies, fees, rules, and expectations of services at Arrow Academy Inc. It is important to review the handbook thoroughly before enrollment.

By signing the Parent Handbook Acknowledgement Form, you are indicating that you have read, understand, and agree to follow the Policies and Procedures relating to parents. The Parent Handbook consists of a basic outline of Arrow Academy Inc. therapy services and expectations.

The Parent Handbook is subject to change without notice. Parents will receive notification of these changes and will continue to have access through the Arrow Academy Inc. website.

My signature indicates that I have reviewed the parent handbook. I understand that it is my responsibility to read, understand and follow the Policies and Procedures outlined in this handbook and any future revisions and am subject to any conditions outlined in the handbook.

Client's Name: _____

Date of Birth: _____

Parent Signature: _____

Date: _____



CONSENT FOR SERVICES

This document describes the nature of the agreement for professional services, the agreed upon limits of those services and rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct of Behavior Analysis. I will retain a copy of this document for my records.

I agree to have my child/dependent participate in Applied Behavior Analysis (ABA) assessment and/or treatment services provided by Arrow Academy Inc. I understand that the specific activities, goals and desired outcomes of these services will be fully discussed with me and that I will have the opportunity to ask for clarification prior to signing this document. I also understand that I have the right to ask follow-up questions throughout the course of services delivery to ensure my full participation in services. If these services have been arranged or will be paid for by a third party (i.e. school, insurance plan, state agency) I am aware that the third party has the following rights: to review documentation/reports for billing purposes. I also understand that my child/dependent is the primary client of Arrow Academy Inc. and that services will be designed primarily for his/her benefit. Any other individuals or agencies (i.e. family, school professionals) who may be affected by the services are considered secondary clients.

I understand that the first session will consist of assessment activities designed to evaluate his/her current skills and determine which instructional strategies and interventions are likely to prove most effective. The time allocated to these assessments will result in improved intervention. Subsequent services will focus on implementation of instructional procedures. Prior to implementation, I will receive a printed copy of the results of any assessment and of any proposed instructional procedures for my approval. Any questions I have will be answered to my satisfaction. Ongoing collection of data will allow evaluation of the effectiveness of the strategies selected and will assist in developing any revisions that need to be made.

I understand that Arrow Academy Inc. may release information without my prior consent if so ordered by a court of law. I am also aware that under the State of Wisconsin Statute s48.981, providers are legally required to report suspected occurrences of child abuse or neglect (or if my child/dependent presents clear and present danger to him/herself or to others) to the Bureau of Child Welfare.

I understand my child/dependent's assessment and treatment services are regularly observed by supervisors or other employees as part of ongoing training and quality assurance activities. All individuals observing are bound by the same confidentiality guidelines as Arrow Academy Inc. I am aware that a record of the treatment will be maintained, and this record is available to me in written form upon request.

I understand that I have elected to enroll my child/dependent in services with Arrow Academy Inc. As such, Arrow Academy Inc. will not be held liable for injury or illness that occurs due to use of the facility or exposure to other clients enrolled in services. I understand that my child will be working in close proximity to other clients, and, to the best of their ability, Arrow Academy Inc. staff will follow standard preventative policies, but illness or injury to or from other clients may occur.

I reserve the right to withdraw at any time from these services and I understand that such a withdrawal will not affect my child's right to services. In the event of withdrawal, I may request a list of other credentialed providers in the region. In

addition, I reserve the right to refuse, at any time, the treatment that is being offered. I may request a copy of professional credentials or background check results from any of the professionals working with my child.

These policies have been fully explained to me and I fully and freely give my consent and permission for my dependent to receive services from Arrow Academy Inc.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Print Client Name



FINANCIAL AGREEMENT

Arrow Academy Inc. obtains insurance information as a service and convenience to our clients and their families. Every attempt will be made to obtain accurate information. Arrow Academy Inc. is not responsible for omissions by the insurance company when quoting benefit information and cannot guarantee payment of benefits by the insurance company.

Financial Agreement effective October 2021:

- Services provided may change or be modified depending on the needs of the client.
- Fees for services are subject to change and a 30-day written notice will be provided if changes occur.
- The parent/guardian is responsible for any charges denied by 3rd party payers, including incorrect assignment of benefits. Due to lack of medical necessity, pre-existing condition, benefits exhausted, non-covered services etc., your out-of-pocket expense may change, and the parent/guardian is financially responsible for any and all remaining expenses.
- Arrow Academy Inc. provides the service of filing claims. The service of claim filing does not release the parent/guardian of financial responsibility for treatment costs.
- Insurance companies and other 3rd party payers act as agents of the participant and payments are made on behalf of the participant. When a participant's insurance carrier or funding source fails to make payment for services within 60 days, regardless of the reason, the outstanding amount due will become part of the parent/guardian balance.
- Payments remitted directly to the parent/guardian for services rendered by Arrow Academy Inc. will be turned over in full upon receipt.
- The parent/guardian is expected to pay any outstanding personal balance in full each month or according to the agreed upon payment schedule.
- Should financial hardship arise, the parent/guardian should contact Arrow Academy Inc. immediately to arrange a satisfactory means for addressing the obligation.
- It is understood that Arrow Academy Inc., with proper notice, may suspend services if at any time it is determined that satisfactory progress is not being made to retire the outstanding debt.
- The parent/guardian is responsible for obtaining referrals and prescriptions for services. Failure to secure the necessary information may result in cancellation of scheduled services.
- The parent/guardian authorizes the release of any medical or other information necessary to process claims to insurance carriers or other funding sources.
- The parent/guardian is responsible for verifying benefits with their insurance company (or any other 3rd party payer). If Arrow Academy Inc. is asked to contact the participant's agent to verify benefits on behalf of the participant, the parent/guardian understands the benefit verification is NOT a guarantee of future payment.

Please print and sign below to indicate that you have read and agree to the terms outlined in this financial agreement.

Parent/Guardian Signature

Parent
Date of Birth

Date

Print Parent/Guardian Name

Print Client Name



HIPAA Privacy Authorization Form

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

AUTHORIZATION

I authorize ARROW ACADEMY INC to **use, disclose** and **exchange** the protected health information described below with

_____ (individual/entity seeking or holding the information).

<input type="checkbox"/> Behavioral Records	<input type="checkbox"/> Diagnostic/Assessment/Progress Reports	<input type="checkbox"/> Direct Observations
<input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> Medical Records <i>(i.e. wellness check, immunizations etc.)</i>	
<input type="checkbox"/> Individualized Family Service Plan (IFSP)	<input type="checkbox"/> Other _____	

This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

This authorization shall be in force and effect until services are terminated. At which time, this authorization expires.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Printed- Client Name

Date of Birth

Authorized Signature

Date

Relation to client *(circle one of the following)*:

MOTHER FATHER LEGAL GAURDIAN

other _____



Parent Questionnaire

Please fill out all of the following information in order for Arrow Academy to determine initial skills and to provide necessary information to your child's insurance provider. Please see the checklist on the final page of this packet to ensure all information has been included.

Contact and Emergency Information

Child's Name (first and last): _____ Date of Birth: _____

Parent Name: _____ Parent Phone Number: _____

Parent Email Address: _____ Street Address: _____

Parent Name: _____ Parent Phone Number: _____

Parent Email Address: _____ Street Address: _____

In case of emergency, please contact this parent first: _____

Emergency Contact Name: _____ Phone Number: _____

Additional Individual(s) Authorized to Pick Up Child: _____

Child's Primary Care Physician: _____

Please list any medical conditions we should be aware of when caring for your child:

Please select the following uses of photographs/digital images, video clips and/or quoted remarks from/of your child which you authorize:

- | | | |
|------------|-----------|--|
| Yes | No | Pictures used internally for group programming (picture icons, visual schedules, etc.) |
| Yes | No | Video used to document programming or skill acquisition for review by team members |
| Yes | No | Video used to train staff or provide feedback to staff on correct program implementation |
| Yes | No | Printed publication or materials (such as brochures and flyers) |
| Yes | No | Website and social media (Arrow Academy Inc. website, Facebook) |

Diagnostic Information

Current Diagnosis (diagnoses): _____

Diagnosing Medical Professional: _____

Date of Diagnosis: _____

Other Service Information

Current Services (Circle all that apply):
Summer School Speech OT PT
Other: _____

Commercial Insurance Information

Primary Insurance Provider: _____ Group Number: _____

ID Number: _____ Policy Holder (PH) Name: _____

PH Relationship to Child: _____ PH Date of Birth: _____

PH Employer: _____ PH Occupation: _____

Business Address: _____ Business Phone: _____

ForwardHealth Information

Child's ForwardHealth ID Number: _____

Signature and Release

I, the undersigned, affirm that the above information is true and correct to the best of my knowledge. I have insurance with the above listed company and assign directly to Arrow Academy Inc. all medical benefits, if any, otherwise payable by me for services rendered. I understand that I am financially responsible for all the charges whether or not paid by insurance. I hereby authorize Arrow Academy Inc. to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature: _____ Date _____

Social Skill Assessment Checklist

RATING SYSTEM

0= Rarely or never demonstrates this skill, 1= Has demonstrated this skill, but only on a few occasions, 2= Can demonstrate this skill but does not do it consistently, 3= consistently demonstrates this skill, N/A= not applicable due to setting or because child compensates in other ways

#	SOCIAL PLAY	Score
SP 2	Plays parallel for five to ten minutes, close to peers with close-ended toys	
SP 4	Uses eye gaze to maintain social interaction (i.e., looks directly at the other person's face for at least one second multiple times throughout interaction)	
SP 9	Comments on what self or others are doing (e.g., "I am (action).")	
SP 10	Ends structured play/game with peers appropriately	
SP 11	Takes a role in imaginative play theme and sustains it, both verbally and non-verbally, for up to three to five actions	
SP 12	Trades toys/materials (e.g., participates in negotiation to swap paint colors during an art project)	
SP 14	Approaches peers and appropriately joins in the ongoing activity	
SP 15	Accepts invitation to play in an activity of peer's choice	
SP 16	Accepts losing games or getting called "out"	
SP 18	Follows changes in play ideas of others and sustains the changes during open ended play	
SP 22	Identifies children who are their friends and can give a simple explanation why	
SP 19	Plays games involving person being "it"	
SP 20	Demonstrates flexibility in following changes in the rules of a game or in accepting novel ideas from peers	
SP 23	Appropriately accepts that others' likes and interests may be different from their own	
SP 24	Wins without making bragging comments or gestures	

#	SELF REGULATION	Score
SR 2	Appropriately handles denied requests	
SR 3	Raises hand and waits to be called on before speaking	
SR 6	Follows classroom expectations and demonstrates flexibility during transitions	
SR 7	Demonstrates flexibility when preferred activities are interrupted	
SR 9	Responds to feedback/correction without exhibiting challenging behavior	
SR 10	Responds to mistakes made by self or others without exhibiting challenging behaviors	
SR 11	Demonstrates awareness of own and others space	
SR 12	Modifies behavior in response to feedback	
SR 13	Uses appropriate words and voice tone to turn down requests from others	
SR 14	Advocates for oneself without exhibiting problem behavior	
SR 17	Avoids undue focus on a topic or a question	
SR 18	Uses conversational voice level and tone when speaking	

#	SELF REGULATION	Score
SR 1	Demonstrates flexibility with new tasks and activities	

#	SOCIAL EMOTIONAL	Score
SE 2	Gives a simple explanation for the emotional state of self and others (e.g., happy, sad) when asked	
SE 3	Shows empathy towards others (e.g., says, "how are you?" to a peer who falls on playground; hugs a peer who is crying)	

#	SOCIAL EMOTIONAL	Score
SE 4	Expresses negative emotions without exhibiting challenging behavior	
SE 5	Expresses appropriate level of enthusiasm about the actions or belongings of others	
SE 6	Anticipates how a peer might respond to his behavior (e.g., knocking down a tower might make a peer mad; helping a peer might make her happy) and responds accordingly	

#	NONVERBAL SOCIAL LANGUAGE	Score
NV 1	Reciprocates nonverbal interactions (e.g., waves back at a peer, returns a thumbs up)	
NV2	Initiates nonverbal interactions	
NV 3	Identifies basic actions without words (e.g., charades)	
NV 4	Demonstrates an appropriate level of affection based on history, relationship, and familiarity with the person	
NV 5	Follows basic gestures and nonverbal cues (e.g., stops when person holds up and, comes when person motions with hand)	
NV 6	Modifies own behavior based on the body language, actions, or eye gaze of others	

#	SOCIAL LANGUAGE	Score
SL 2	Follows directions involving named adults or peers	
SL 4	Addresses peers by name	
SL 5	Answers social questions (e.g., name, age, family names, pet names)	
SL 6	Asks social questions (e.g., name, age, family names, pet names)	
SL 7	Asks concrete questions about an item or information shared by others	
SL 8	Requests attention (e.g., "look at what I made." "Watch how far I can jump.")	
SL 9	Gains listener attention appropriately (e.g., calls name, taps shoulder)	
SL 10	Responds to initiations from others	
SL 11	Answers questions about ongoing activities	

#	SOCIAL LANGUAGE	Score
SL 13	Answers more than five questions on a preferred topic	
SL 14	Makes reciprocal comments (e.g., child responds to peer: "I like that movie too" "I don't have that" "I have this")	
SL 16	Answers questions, asks questions, or makes comments to maintain conversation for three to four exchanges	
SL 17	Responds appropriately when peer changes topic	
SL 18	Directs body and eyes towards social partner when speaking	
SL 19	Directs body and eyes towards social partner when listening	
SL 20	Speaks using polite phrases (e.g., "Thank you", "sorry", "Excuse me", "You're welcome")	
SL 21	Accepts people who are different (e.g., does not make negative comments)	
SL 23	Converses on age-appropriate topics	



Enrollment Document Checklist

Each of the following must be included in order for Arrow Academy to complete authorization for services with your child's insurance provider.

- Completed Parent Questionnaire
- Completed Skill Assessment Checklist
- Copy of most recent IEP
- Copy of insurance card(s)
- Copy of Diagnostic Report
- Signed Release of Information for your child's primary care physician