Thank you for your interest in Elwyn/ARCH of Lehigh Valley's 2019 Summer Therapeutic Activities Program (STAP). Elwyn/ARCH’s STAP is specifically for participants who have a diagnosis on the Autism Spectrum. This program is a therapeutic, highly structured summer day treatment service to address the social, emotional and behavioral difficulties associated with autism spectrum disorders based on medical necessity. Given the criteria, children appropriate for this program do have to demonstrate the ability to verbally communicate and be successful in a staffing ratio of 4:1. The STAP program will operate Monday – Friday, 9:00am – 12:00pm for ages 13-21 and 12:00pm - 3:00pm for ages 6-12. Full weeks from Monday July 8th to Friday August 9th. Children need to be 6 years old by July 1st 2019.

To make a referral, please complete the attached referral packet and return to Elwyn/ARCH. Packets can be mailed, emailed, faxed, or dropped off in person at Elwyn/ARCH. Packets will be reviewed for admission on a first come first serve basis. However, final acceptance into the program will be determined based on clinical review and medical necessity criteria. All participants will need to have a psychological evaluation or addendum prescribing the service and an ITM (team meeting) prior to submission to Magellan or DPW for authorization. More information will follow on this process. Acceptance into the program is not final until this process is complete.

Elwyn/ARCH of Lehigh Valley
1347 Hausman RD
Allentown PA 18104

Main line: 610-573-2500
Fax 610-573-2598
Dear Parents,

Please review and sign the following releases of information.

These are included in order for us to coordinate with Easton Coach to provide transportation and other necessary agencies for your child to attend the Summer Therapeutic Activities Program.

If your child is over 14 years old, he/she would also need to sign these releases of information under “Signature of Client (14 years of age and older)”

If you have any questions please contact:

Timothy Hilty
STAP Supervisor
hiltyt@elwyn.org
610-573-2523

or

Shane McCaslin
Case Manager
mccaslings@elwyn.org
610-573-2505

We are looking forward to another great summer;
Please do not hesitate to contact us if you have any questions!
2019 Summer Therapeutic Activities Program (STAP)

Client's Name: ___________________________  DOB: ___________ Age: ___________  
Social Security Number: ___________________  Access Card #: ___________________
Address: _________________________________  County: ________________________
Phone: _________________________________

Does your child have medical assistance? Yes/ No  
Does your child have private insurance coverage? Yes/ No  
If yes, what carrier? __________________________

Please check phone number that you prefer to be reached at during regular business hours:

Parent/Guardian Name: __________________________
☐ Day Phone: ___________________________  Is this a work number? Yes/ No
☐ Cell Phone: ___________________________
E-mail address: ___________________________

Parent/Guardian Name: __________________________
☐ Day Phone: ___________________________  Is this a work number? Yes/ No
☐ Cell Phone: ___________________________
E-mail address: ___________________________

Emergency Contact other than parent/guardian:
Name: ___________________________  Phone: ___________________________
Relationship to child (ex: neighbor, relative, etc.): ___________________________

Child's Primary Care Physician (PCP): ___________________________
PCP phone number: ___________________________
PCP Address: ___________________________

Person completing referral: ___________________________  Relationship to client: ___________________________
Phone #: ___________________________  Agency (if applicable):
_______________________________

Reason for referral:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Referral Form

2019 Summer Therapeutic Activities Program (STAP)

Clients Name: ___________________________ DOB: ___________________________

School Client Attends: __________________ District: __________________________

Phone: ___________________________ Contact Name: __________________________

Classroom Placement (Autistic Support, Life Skills, etc.): __________________________

Classroom ratio (teachers: students): ______

Grade: _______ Special Education: YES NO (Circle one)

Extended School Year or Program name that child attended last summer: ________________

Service History: (i.e. early intervention, APS placement, etc.): __________________________

Current Mental Health Services Received:

BHRS/Wraparound Provider: __________________________

Case Manager (Name/Phone): __________________________

BSC (Name/Phone): __________________________

Other Mental Health Services Received (Outpatient, Family-Based, etc.):
Name of Provider: __________________________ Type of Service: __________________________

Staff/contact name/phone: __________________________

Intensive or Blended Case management Services:
Provider Name/Phone number: __________________________

Other services:
ID (Intellectual Disabilities) Supports Coordinator (Name/Phone): __________________________

CYS (Children & Youth Services) Case Worker (Name/Phone): __________________________

Does your child currently receive Speech Therapy? YES NO
Name of Provider: __________________________ Speech Therapist: __________________________

2
Referral Form

2019 Summer Therapeutic Activities Program (STAP)

Name: ____________________________ DOB: ____________________________

Communication

Please check all methods of communication that your child uses.

☐ Verbal
☐ American Sign Language
☐ Picture Cards/PECS
☐ Alpha talker
☐ Gesturing/Pointing
☐ Physically leading
☐ Other: ____________________________

Is your child able to communicate independently using this method? Yes/ No
Please explain: __________________________________________________________

Behavior Assessment

My child (check any that apply):

Hits adults and/or peers, with an open hand (slap), at least:

☐ One time per day
☐ One time per week
☐ One time per month
☐ One time per year
☐ My child does not hit adults and/or peers

Hits adults and/or peers, with a closed hand (punch), at least:

☐ One time per day
☐ One time per week
☐ One time per month
☐ One time per year
☐ My child does not hit adults and/or peers

Bites adults and/or peers at least:

☐ One time per day
☐ One time per week
☐ One time per month
☐ One time per year
☐ My child does not bite adults and/or peers

Kicks adults and/or peers at least:

☐ One time per day
☐ One time per week
☐ One time per month
☐ One time per year
☐ My child does not kick adults and/or peers

Elopes (being at least three feet away from a designated area) at least:

☐ One time per day
☐ One time per week
☐ One time per month
☐ One time per year
☐ My child does not elope

3
Transportation Needs

Name: ____________________________ DOB: ____________________________

Transportation:
Per Medical Assistance Transportation Program (MATP) guidelines, each request for transportation will be assessed for the least costly and most appropriate mode of transportation. Door to door van transportation is reserved for clients who have no other means of getting to and from the program. If you are able to transport your child to and/or from the program, you would be eligible for MATP mileage reimbursement for transporting your child.

Please indicate your transportation needs below.

____ I am able to transport my child to and from the program daily.
____ I am able to transport my child to the program, but not home from the program.
____ I am able to transport my child home from the program, but not to the program.
____ I do not have any means of transporting my child to and from the program.

My child is enrolled in the Medical Assistance Transportation Program/Metro Plus Para transit Eligibility. Yes No

Does your child receive specialized transportation to school? Yes No

Can your child ride in a vehicle for time periods longer than 30 minutes without any behavioral concerns?

Yes No

45 minutes? Yes No

60 minutes? Yes No

*If your child has behavioral difficulties, you may need to provide transportation to and from the program.

Please add another address in case your child needs transportation from another location other than home:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Drivecam
Acknowledgement

Easton Coach will provide our transportation through the Medical Assistance Transportation Program (MATP). Only STAP participants will be transported during this time. All vehicles follow state MATP requirements, and are equipped with seatbelts, booster seats, “drivecams,” and an aide. Drivecams are cameras located inside the vehicle for safety and security. Your child could be videotaped with the drivecam. Please sign and return this acknowledgment form to verify your understanding of the drivecam, and your authorization to use one in the vehicle.

I understand and agree that my child will be transported in a vehicle equipped with a drivecam unit, and that my child may be videotaped while being transported in the vehicle.

Child’s Name: _______________________________________________________

Child’s Signature (if 14 or older): _______________________________________

Parent/Guardian Printed Name: _________________________________________

Parent/Guardian Signature: ____________________________________________

Date: _________________
2019 Summer Therapeutic Activities Program (STAP)

Child’s Name: __________________________ Date of Birth: __________

Medical Concerns

Allergies:
Does your child have any allergies to foods, medication, or environmental factors? Yes/No
If yes, please list: __________________________
Does your child require immediate administration of any medications or medical attention if exposed to these allergens? Yes/No
If yes, please list procedure: __________________________

Seizures:
Triggers: __________________________
Date of last seizure: __________________________
How often do seizures occur? __________________________

Other medical concerns:
Does your child have any other medical conditions or concerns that would place limitations on or interfere with daily activities or need to be monitored during program hours? Yes/No
Please list: __________________________

Adaptive devices used:
- Glasses
- Right hearing aid
- Left hearing aid
- Other __________________________

Mobility

- Walks independently
- Uses wheelchair
- Walks with assistance
- Uses protective headgear (when________________________)
- Walks with cane/walker
- Other __________________________

Self Care

- Independent toilet skills
  - successful with timed schedule (toilet every _______ minutes)
  - independent urinary ability
  - will assist with bowel movement/clean up
  - diapers worn but will use toilet with prompting/assistance
- Limited toilet skills
  - Needs assistance with dressing
  - buttoning
  - zipper
  - shoes on correct feet
  - tying shoes
- Independent dresser
  - Able to identify own backpack
  - Can change into bathing suit without assistance
Child’s Name: ___________________________ Date of Birth: ____________

**Cultural/Spiritual Awareness**

County of origin: ____________________________________________________________

Race/Ethnicity: ______________________________________________________________

Cultural identity (PA Dutch, Mennonite): ______________________________________

Are there any practices or beliefs that would affect service delivery

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

If yes, please explain: ______________________________________________________

What is the primary language spoken at home?  

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
<th>Other</th>
</tr>
</thead>
</table>

What is the client’s spiritual orientation?

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
<th>Other</th>
</tr>
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</table>

Does client practice this orientation?

<table>
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<tr>
<th>yes</th>
<th>no</th>
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</table>

Do you have any cultural or spiritual needs in which we could assist?

<table>
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<tr>
<th>yes</th>
<th>no</th>
</tr>
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Is there any other additional information that is important for ARCH to be aware of?

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
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If yes, please explain: ______________________________________________________
In order to expedite the communication process between the ARCH staff and your child it is important to identify ALL of your child’s motivators or reinforcers. Many children have very specific reinforcers and some like to use them only in a particular way. Please provide as much detail as possible about your child’s reinforcers. This information will help the ARCH staff build a working relationship with your child.

1. What are your child’s favorite indoor activities? (Please ✓ and provide specific details)

| ✓ Puzzles | ✓ Games |
|✓ Books | ✓ Sensory toys/activities |
|✓ Musical instruments | ✓ Computer games |
|✓ Action figures | ✓ Painting |
|✓ Bowling | ✓ Play dough |
|✓ Other | ✓ Other |

2. What are your child’s favorite outdoor playtime activities?

| ✓ Bicycle | ✓ Swing Set | ✓ Trampoline |
|✓ Theme parks | ✓ Swimming | ✓ Slide |
|✓ Roller Skating | ✓ Sports activities | ✓ Other |

3. What are your child’s video preferences?

| ✓ Disney movies | ✓ Animated movies |
|✓ Real life animal videos | ✓ Cartoons |
|✓ Other | ✓ Other |
4. What are your child’s favorite snacks? (include brand name as necessary)

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<tbody>
<tr>
<td>Candy</td>
<td>Fruit</td>
</tr>
<tr>
<td>Cookies</td>
<td>Crackers</td>
</tr>
<tr>
<td>Chips</td>
<td>Pretzels</td>
</tr>
<tr>
<td>Ice cream</td>
<td>Other</td>
</tr>
</tbody>
</table>

5. What are your child’s favorite beverages? (include type and brand as necessary)

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<tr>
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<tbody>
<tr>
<td>Water</td>
<td>Juice</td>
</tr>
<tr>
<td>Milk</td>
<td>Soda</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

6. What are your child’s favorite books?

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<tbody>
<tr>
<td>Pop-up books</td>
<td>Picture books</td>
</tr>
<tr>
<td>Books with sound cards</td>
<td>Sensory books</td>
</tr>
<tr>
<td>Puzzle books</td>
<td>Coloring books</td>
</tr>
<tr>
<td>Sticker books</td>
<td>Other</td>
</tr>
</tbody>
</table>
Emergency Contact Card

Participant Name ______________________________   City ______________________   Date of Birth __________
Address _______________________________   Social Security Number __________________________
Resides with: Father _____ Mother _____ Both _____ Guardian _____
(Name) ______________________________________   Mother's Name __________________________
Father's Name _______________________________   Home Phone __________________________
Home Phone _______________________________   Work Phone __________________________
Work Phone _______________________________   Cell Phone __________________________
Cell Phone _______________________________

If Parent/Guardian cannot be reached, contact: (need to list two alternative contacts)
1. Name ___________________________   2. Name ___________________________
Phone (H) _______________________ Phone (W) ______________________
Primary Doctor's Name ___________________________   Phone number ______________________
Dentist's Name ___________________________   Phone number ______________________

EMERGENCY MEDICAL INFORMATION

1. MEDICAL HISTORY
Check any medical condition your child currently has:
____ AD(H)D   ____ Asthma   ____ Cardiovascular   ____ Orthopedic
____ Gastrointestinal   ____ Uses inhaler   ____ Diabetes   ____ Frequent Headaches
____ Migraines   ____ Seizures

ALLERGIES
____ Food (____________________________)   ____ Drug (____________________________)
____ Insect (____________________________)   ____ Environment (____________________________)

List any medicines your child takes at home (include doses)
________________________________________________________________________

Has he/she been hospitalized in the last year? (Explain if yes)
________________________________________________________________________

Designated ARCH staff can administer first aid to my child (band aids, etc.)   _____ YES   _____ NO

*Parent must provide these medications and dosage if they are to be administered

AUTHORIZATION FOR EMERGENCY SERVICES TREATMENT OF PARTICIPANT

1. The undersigned is the parent/legal guardian of the participant named below.
2. This authorization is being provided for use in the emergency treatment of participant named below
   when neither the undersigned, nor relative/friend identified can be reached to provide consent to treat.
3. The undersigned authorizes personnel permission to carry out any first aid treatment deemed necessary
   for the well being of my child.
4. The undersigned gives permission for the participant named below to be taken to a hospital or doctor for
   medical treatment in case of an emergency.
5. The undersigned assumes transportation responsibilities, if the participant named below needs to be
   taken to a hospital or emergency facility.

Participant Name ______________________________   Insurance ______________________
Insured ___________________________   Policy Number __________   ID Number __________

Signature of Parent/Guardian _______________________________   Date ___________________________
Authorization for Photography and Audio and Video Recordings

Client Name: ___________________________   DOB: __________

Parent/Legal Guardian/Substitute Decision Maker: ___________________________

I hereby authorize Elwyn to have my (or my child or an individual for whom I am a substitute decision maker) image to be taken by the staff and/or voice to be recorded by staff at Elwyn ARCH of Lehigh Valley as described below.

I understand that photographs, videotapes, digital, and other images and/or audio recordings of me (or my child or an individual for whom I am a substitute decision maker) may be recorded and used by Elwyn for the following purposes:

- to document and assist with my care (including but not limited to for identification purposes)
- to record social events and community outings in which I participate
- to contribute to the home-like setting of my Elwyn residence and common areas associated therewith through the display of photographs in frames, on walls or bulletin boards or in photo albums which will be accessible by staff, other residents and visitors
- to assist with the payment of my bill
- to assist in the education and training of staff within the institution
- to include in Elwyn newsletters which are circulated via United States Mail to Elwyn friends and families
- to include in Elwyn’s STAP DVD provided to the families of participants
- to use on Elwyn’s websites and/or in informational materials regarding Elwyn and its programs (but excluding fundraising materials)

I understand that Elwyn will own these images and recordings, but that I will be allowed access to view them or to obtain copies of them at a reasonable cost. Other than for treatment, education, and payment purposes, images or recordings that identify me (or my child or an individual for whom I am a substitute decision maker) will be released and/or used outside the organization only upon written authorization from me. I understand that these images and recordings may not be used by Elwyn for any fundraising purposes without my specific written authorization.

This Authorization shall be valid for one (1) year unless revoked earlier by me. I may revoke or withdraw this Authorization at any time. Such withdrawal of Authorization must be made in writing. Withdrawal of Authorization does not affect any information disclosed prior to the written notice of withdrawal.

I release and hold harmless Elwyn, its staff and employees from any and all claims or causes of action that I may have of any nature whatsoever, which may in any manner result from the use of the image and/or recording.
By signing below, I am indicating that I have read and understand the
"Authorization for Photography and Audio and Video Recordings" form. I am
either the client or have the authority to give Authorization for the client. My
questions regarding this Authorization have been answered.

__________________________________________  ___________
Client or Client Representative Signature          Date

______________________________________________  ________________________
If Client Representative, Relationship to Client   Printed Name
Elwyn CBHS Language Survey
To be completed upon initial contact with Elwyn

Child’s Name: ____________________________________________________________

Parent/Guardian Name: ____________________________________________________

Parent/Guardian Address: __________________________________________________

Primary Language of Child: ________________________________________________

Primary Language of Parent/Guardian: ______________________________________

Primary Language of Other Caregivers or others with whom the Child has Regular Contact:

____________________________________________________

Parents/Guardians require documents translated into native language? Yes □ No □

Student to be evaluated in language other than English? Yes □ No □

If yes, explain: ____________________________________________________________

____________________________________________________

Printed name of Elwyn CBHS Staff

________________________

Signature of Elwyn CBHS Staff  __________________    Date
Functional Communication and Skills Assessment

Please answer each question as accurately as possible. Circle either “Y” for “yes,” or “N” for “no.” Unless otherwise stated, only circle “Y” if your child is able to complete the skill independently (i.e., without prompting). Please return the completed assessment to proceed with our STAP intake process.

1. Responds to hearing another’s voice by turning towards or looking at the person 80% of opportunities. Y N

2. Responds to hearing name by turning towards or looking at the person 80% of opportunities. Y N

3. With prompting, communicates at least 2 different words with vocalizations, signs, or icons. Y N

4. Independently/spontaneously says at least 15 words or phrases with appropriate intonation and rhythm. Y N

5. Independently/spontaneously attempts to repeat at least 5 different words (e.g., hears father say, “mama,” then attempts to repeat, “mama”). Y N
6. Requests at least 5 different preferred items that are within view. Y  N

7. Requests at least 10 different preferred items or activities (e.g., “crayon,” “open,” or “let’s play”). Y  N

8. Requests with at least 10 different adjectives, prepositions, or adverbs (e.g., “green crayon,” “on the plate,” or “go faster”). Y  N

9. Requests for others to perform at least 5 different actions (e.g., “push” when on a swing or “open” to go outside). Y  N

10. Requests for others to deliver at least 5 different items needed to perform an action (e.g., “spoon” to eat a bowl of ice cream or “pencil” to write name). Y  N

11. Request for others to stop an unpleasant activity or remove an unwanted item in at least 5 different situations. Y  N

12. Requests a break when upset or frustrated 80% of opportunities. Y  N
13. Requests for at least 5 different items are generalized across 2 people (e.g., asks Mom or Dad for bubbles), 2 settings (e.g., asks for bubbles at home or school), and 2 different materials (e.g., asks for bubbles from bottle or bubble machine).

14. Requests for peers to participate in games or interactive play at least 2 times in 1 play session (e.g., “play tag” or “let’s dig a hole”).

15. Labels at least 2 preferred items (e.g., popcorn or swing).

16. Labels at least 10 items (e.g., common objects, body parts, people, or animals).

17. Labels at least 25 items (e.g., book, shoe, car, dog, or hat) when asked, “What’s that?”

18. Labels at least 10 actions (e.g., jumping, sleeping, or eating) when asked, “What am I doing?”

19. Labels with at least 5 different adjectives, prepositions, or adverbs (e.g., “green crayon,” “in the box,” or “going faster”).

20. Labels at least 2 emotions/internal events (e.g., hungry, thirsty, happy, sad, or headache).
21. Provides first name when asked, “What is your name?”  

22. Completes at least 10 different fill-in-the-blank phrases of any type (e.g., song fill-ins, animal sounds, or object sounds).

23. Answers at least 5 different “wh” questions (e.g., “What do you like to eat?”).

24. Answers at least 5 questions about past and upcoming events (e.g., “What did you eat for lunch today” or “what movie are you going to watch tonight?”).

25. Imitates at least 10 gross motor movements (e.g., clapping, raising arms, stomping feet) when instructed, “Do this.”

26. Imitates at least 5 actions that require selecting a specific object from an array of 3 (e.g., when presented with drumstick, horn, and bell, and adult says, “Do this,” while drumming, the child selects drumstick and imitates drumming).

27. Independently/spontaneously imitates peers’ behavior (e.g., follows peers to different area, claps when peers clap, or runs when peers run) at least 2 times in 1 play session.
28. Completes at least 10 specific motor actions when instructed without given a model to imitate (e.g., “Show me clapping.”)

29. Manipulates or explores objects (e.g., Legos, cars, light-up toys, or dolls) for at least 1 minute.

30. Shows variation in play by independently interacting with at least 3 different items (e.g., plays with blocks, then a ball, and then beanbags, etc.) in 1 play session.

31. Plays with at least 5 different toys or objects according to their function (e.g., places a train on track, pulls a wagon, or holds a telephone to ear).

32. Plays with at least 3 different everyday items in novel or creative ways (e.g., uses a bowl as a drum or a box as an imaginary car).

33. Independently engages in appropriate indoor leisure activities (e.g., looks at books, watches videos, or completes puzzles) for at least 3 minutes.

34. Independently engages in appropriate outdoor leisure activities (e.g., shoots basketball, uses slide, swings, or plays in sandbox) for at least 3 minutes.
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<tbody>
<tr>
<td>35. Engages in movement play (e.g., swinging, dancing, jumping, or climbing) for at least 2 minutes.</td>
<td>Y</td>
</tr>
<tr>
<td>36. Watches and shows interest in other’s movements at least 3 times in 1 play session.</td>
<td>Y</td>
</tr>
<tr>
<td>37. Engages in parallel play near other children (e.g., plays independently in sandbox near peers or completes puzzle at table sitting next to peers) for at least 2 minutes.</td>
<td>Y</td>
</tr>
<tr>
<td>38. Tolerates peers or adults touching, or interacting with, items they are using (e.g., tolerates peer pushing a train on same track, tolerates adult using same scissors, or tolerates peer playing same video game) 80% of opportunities.</td>
<td>Y</td>
</tr>
<tr>
<td>39. Initiates a physical interaction with a peer (e.g., pulls in a wagon, plays Ring around the Rosy, or high 5s) at least 2 times in 1 play session.</td>
<td>Y</td>
</tr>
<tr>
<td>40. Maintains interactive play with peers (e.g., cooperatively builds a play set, interactive water play, or board games) for 3 consecutive minutes without prompting or reinforcement from adults.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>41. Engages in pretend or imaginary play (e.g., dresses up, has a tea party with stuffed animals, or pretends to cook) for at least 5 minutes with at least 5 different scenarios.</td>
<td>Y</td>
</tr>
<tr>
<td>42. Plays at least 3 different board games with peers.</td>
<td>Y</td>
</tr>
<tr>
<td>43. Sits at a group snack or lunch table for 5 minutes without disruptive behavior.</td>
<td>Y</td>
</tr>
<tr>
<td>44. Sits in a small-group activity for 10 minutes without disruptive behavior or attempting to leave the group.</td>
<td>Y</td>
</tr>
<tr>
<td>45. Requires no more than 1 prompt to transition between classroom activities without disruptive behavior.</td>
<td>Y</td>
</tr>
<tr>
<td>46. Follows novel 3-step directions (e.g., &quot;get a box of crayons, scissors, and glue&quot;) 80% of opportunities.</td>
<td>Y</td>
</tr>
<tr>
<td>47. Independently completes arts-and-crafts activities (e.g., drawing, coloring, painting, cutting, or pasting) for 5 minutes.</td>
<td>Y</td>
</tr>
<tr>
<td>48. During a 5-minute period of group instruction, independently completes work, and remains on-task at least 50% of the period.</td>
<td>Y</td>
</tr>
</tbody>
</table>
49. Uses the toilet and washes hands with only verbal prompts.  

50. Follows daily routines (e.g., puts belongings in locker and sits down in chair, or lines up to transition from classroom) without disruptive behavior 80% of opportunities.