



## Screening information for typically developing children

Alexa's PLAYC accepts children age 18 months through six years of age. Alexa's PLAYC is designed to care for typically developing children as well as children with ASD or risk for ASD. Eligibility for the program is based on parent and child interview and assessment to determine appropriateness of placement. Typically developing children will receive a brief developmental screening before admission and are expected to demonstrate age appropriate skills in all areas of development. In addition, typically developing children should be:

- amenable to adult direction
- exhibit good communication skills
- exhibit minimal behavior challenges
- engage appropriately in play
- easily motivated by their environment

If a child demonstrates delays in development at the time of screening, the clinician may make a referral for an evaluation or recommendations for treatment.





## Foundational Skills for Children with or At Risk for Autism Spectrum Disorder

The Alexa's PLAYC program is designed to support children with ASD in building social and communication skills. Our classrooms are staffed with highly trained professionals, and are structured to support many of the special needs seen in children with ASD. However, the classrooms are busy and serve a large number of students. While we would like to be able to adequately address the needs of all children with ASD, no one program can meet the needs of every child. We have carefully assessed the types of readiness skills needed for children to gain maximum benefit from our program. Skills that have shown to predict success for children with ASD enrolled in the Alexa's PLAYC inclusion environments include:

### Toddler

1. Nonverbal skills of at least 15-18 months of age.
2. Minimal behavior challenges in group setting (i.e., aggression, self-injurious behaviors, frequent temper tantrums).
3. The ability to play with toys appropriately and independently for short periods of time (3-5 minutes).  
Consistent participation in parallel play with other children (does not avoid other children).  
Active cooperative play is not required.  
Remains appropriately engaged in group activities for 5 minutes independently.

### Preschool

1. Nonverbal cognitive functioning of at least 2½-3 years of age (may vary by classroom).
2. Consistent use of spontaneous phrases for multiple functions including requesting, protesting and commenting. This may include words, sign language, or an augmentative communication system.
3. Previous involvement in treatment of any type.
4. Minimal behavior challenges in group setting (i.e., aggression, self-injurious behaviors, and frequent temper tantrums).
5. The ability to play with toys appropriately and independently for short periods of time (5-10 minutes).
6. Consistent participation in parallel play with other children (is not avoidant). Active cooperative play is not required.
7. Remains appropriately engaged in group activities for 5 minutes independently.





Received By: \_\_\_\_\_ Date: \_\_\_\_\_

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**INTEREST LIST APPLICATION**

**How did you hear about Alexa's PLAYC? (please check)**

- Currently a Rady Children's Hospital Employee
- Referral (Friend, Relative)
- Banner/Signage on Building
- Walk-In
- Social Media Post or Ad (Facebook, Twitter) Magazine Article or Ad (specify)
- Rady Children's Website (rchsd.org)
- Online review site (such as Yelp)
- Other: \_\_\_\_\_

**I am submitting a wait list application for: (please check)**

- Inclusion Program
- Full-Time Care for Typically Developing Child

**Please Check:**  RCHSD Employee (verify with check stub)  Community

1. Child's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

2. Name Usually Called: \_\_\_\_\_ Desired Starting Date: \_\_\_\_\_

3. Child's Birthdate: \_\_\_\_\_ Due Date: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_

4. Parents/Guardians are:  Married  Divorced  Separated  Widowed  Other: \_\_\_\_\_

Please note any custody specifications: \_\_\_\_\_

5. Parent/Guardian 1 Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Department: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Parent/Guardian 2 Name: \_\_\_\_\_

Home address (if different than child's): \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Department: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- By checking here, I agree that I have read and understand the Foundational Skills.
- By checking here, I acknowledge that my child's vaccinations must be up-to-date to be enrolled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email this form to [alexasplayc@rchsd.org](mailto:alexasplayc@rchsd.org) or fax to: (858) 966-8011  
\* This application does not guarantee enrollment for your child  
\* You will receive another application to be filled out at time of enrollment.