



## **Individual Program Application 2018**

### **Information for new applicants**

Thank you for your interest in our Individual Program. This application is required for all children who wish to participate. The Individual Program utilizes one-one-one volunteers to facilitate animal-assisted activities for children with disabilities and special needs ages 2-12. The program runs for 12 weeks in the spring (March 1 - May 31), summer (June - August) and fall (September 1st - November 30th).

Sessions occur for one hour per week 2:00pm-6:00pm Monday through Friday.

Your acceptance into the program is based on review of this application and an on-site visit at The Barn at Spring Brook Farm with our Program Manager.

After initial contact with the Program Manager, the standard process for participation is as follows:

Step 1: Schedule an on-site visit

- Parent(s) and child tour the facility with Program Manager
- Parent(s) completes application
- Program Manager conducts initial assessment

Step 2: If the Program Manager believes that the program will benefit the child, parent(s) schedule a meeting to identify goals face-to-face or by phone, without child

- Identify specific goals for the child's Barn Activity Plan
- Discuss strategies for integrating animals into the goals

Step 3: Program Manager will identify an appropriate volunteer to work with the child

- Confirm schedule
- Review relevant information related to the child and Barn Activity Plan with the volunteer

Step 4: Begin 12 weeks of visits to The Barn

- Volunteer and child work together towards goals identified in the Barn Activity Plan with support and observations from the Program Manager and mid-term input from parent(s)
- Throughout the 12 weeks of visitation, the Program Manager will meet with the volunteer after each visit to debrief, discuss progress during the visit, and make adjustments to strategies as necessary.
- After the final visit, the Program Manager will provide a final report to the parents and discuss strategies and goals for future sessions.

Upon completion, please make a copy of this application for your records.

Then scan and email to: [thebarn@springbrook-farm.org](mailto:thebarn@springbrook-farm.org)

Or mail the three original pages to:

360 Locust Grove Road  
West Chester, PA 19382



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**GENERAL INFORMATION**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Child lives with: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address (if different from Child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Preferred method of contact:  Work Phone  Cell Phone  Home Phone  E-mail

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Parent/Guardian Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address (if different from Child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Preferred method of contact:  Work Phone  Cell Phone  Home Phone  E-mail

Other Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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Has your child ever participated in programming at The Barn? YES NO

If yes, which program? Camp Geronimo Individual Program Socialization Event

How did you find out about our Individual Program? \_\_\_\_\_



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**HELP US GET TO KNOW YOUR CHILD BETTER**

Please identify your child's disability or diagnosis: \_\_\_\_\_

Are you willing to share your child's IEP with the barn?                      Yes                      No

Does your child have a Behavior Support Plan?                      Yes                      No

**Please describe the following about your child:**

Ability to communicate wants and needs: \_\_\_\_\_

\_\_\_\_\_

Ability to follow directions: \_\_\_\_\_

\_\_\_\_\_

Ability to be redirected: \_\_\_\_\_

\_\_\_\_\_

How does your child handle stress? Please describe his/her coping skills: \_\_\_\_\_

\_\_\_\_\_

Does your child elope? Are there certain situations that result in elopement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child interact with pets or animals? \_\_\_\_\_

\_\_\_\_\_

Are there any specific strategies you suggest we use to support your child, including specific motivators,

and/or ways to help modify your child's behavior? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any other information that you believe would assist us in better knowing your child.

Special interests or likes/dislikes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**MEDICAL INFORMATION**

Please indicate if your child uses any of the following assistive devices:

- Glasses   
  Wheel Chair   
  Prosthetics   
  Hearing Aid   
  Walker   
  Braces  
 Crutches   
  Smart Device   
  Other

Please describe: \_\_\_\_\_  
 \_\_\_\_\_

If your child has any allergies, please describe the allergy and reaction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child require assistance in the bathroom?  Yes     No

\* Children who require assistance in the bathroom will need to be assisted by their parent.

**SCHEDULING**

Place a check mark to indicate which days/times your child would be available to attend programming:

	Monday	Tuesday	Wednesday	Thursday	Friday
2:00-3:00					
2:30-3:30					
3:00-4:00					
3:30-4:30					
4:00-5:00					
4:30-5:30					
5:00-6:00					

If your child will be accompanied by support staff such as a TSS or PCA, please provide the person's name, title and agency:

\_\_\_\_\_



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**ACCEPTABLE CONDUCT POLICY**

The Barn at Spring Brook Farm considers one of its primary functions is to provide an opportunity for developing independence and self-confidence through interacting with animals. Each participant must maintain acceptable standards of conduct at all times. Consequently, any conduct by a participant which the Executive Director or Program Manager consider detrimental to the child’s safety, the safety of other children, Staff, animals or to The Barn itself may be deemed adequate cause for disallowing the child’s participation in The Barn programs.

Signature- Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY**

This release is executed and delivered on this day of \_\_\_\_\_, 2018, by \_\_\_\_\_, parent/guardian of \_\_\_\_\_ on behalf of heirs, executors, administrators, successors and assigns (collectively the “Releasor”) in consideration of being allowed to participate in any activities at The Barn at Spring Brook Farm, Inc., Releasor hereby fully releases and discharges The Barn at Spring Brook Farm, Inc., its successors, and assigns (the Releasee”) from any and all rights, claims and actions which the Releasor may now have or may hereafter ever have against Releasee arising out of (name of child) \_\_\_\_\_ participation in activities at The Barn. This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable and adequate consideration prior to the execution and delivery of this Release.

Signature- Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

I give my permission for photographs and/or videos of my child to be used in any Promotional/Marketing materials for The Barn at Spring Brook Farm, including but not limited to The Barn’s Facebook page, The Barn’s YouTube channel, and The Barn’s website.

Signature- Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_