



Sterling Ranch, Inc.

Residence for Special Woman

ENROLLMENT APPLICATION

Personal Information

Name: _____ D.O.B: _____ Age: _____
Address: _____ Apt./Unit: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____

Medical Information

Primary Disability: _____

Current Medications:

Name: _____
Dosage: _____
Directions: _____
Date Started: _____
Reason: _____

Current Primary Provider (Family Doctor)

Company: _____ Phone: _____
Contact Name: _____
Address: _____ Bld./Suite: _____
City: _____ State: _____ Zip: _____
Date of Last Exam: _____

Dentist

Company: _____ Phone: _____
Address: _____ Bld./Suite: _____
City: _____ State: _____ Zip: _____
Date of Last Exam: _____

Specialist

Company: _____ Phone: _____
Contact Name: _____
Address: _____ Bld./Suite: _____
City: _____ State: _____ Zip: _____
Dates of Treatment: _____

Medical Information (continued)

Surgery

Date: _____ Reason of Hospitalizations, Blood Transfusions, etc.: _____

Date: _____ Reason of Hospitalizations, Blood Transfusions, etc.: _____

Date: _____ Reason of Hospitalizations, Blood Transfusions, etc.: _____

Date: _____ Reason of Hospitalizations, Blood Transfusions, etc.: _____

Menstrual History (Females Only)

Age at onset: _____ Age at End: _____ First day last period: _____

Period Cycle is: ___ Regular ___ Irregular Lasting _____ Days

Date of last Pap: _____ Test Pap results: _____

Date of last mammogram: _____ Mammogram results: _____

Number of pregnancies: _____

Number of days Heavy Flow: _____ Number of days Moderate Flow: _____ Number of days Light Flow: _____

Number of children: _____

Independently cares for feminine hygiene: ___ Yes ___ No

Gynecological (female) problems: _____

Habits

Exercise Routine: _____

Smoker: ___ Yes ___ No Packs per day: _____

For how long: _____ When stopped: _____

Coffee: ___ Yes ___ No Cups per day: _____ Other Caffeine: _____

Sleep Pattern: Average hours/night: _____ Nightmares/ dreams: _____

Sleepwalker: ___ Yes ___ No

Dental Hygiene/Problems

Date of last dental visit: _____ Dental/orthodontic problems: _____

Completed dental care (brush/floss): ___ Independent ___ Reminder ___ Minimal assistance ___ Dependent

Equipment/Appliances

Equipment/Appliances

- ___ Glasses
- ___ Glasses for Reading Only
- ___ Braces
- ___ Hearing Aids
- ___ Dentures
- ___ Dental Appliance
- ___ Cane
- ___ Crutches
- ___ Walker
- ___ Wheelchair
- ___ Splints
- ___ Other:

Previous Medications

Name: _____

Dosage: _____ Directions: _____

Dates Started: _____ Reason Stopped: _____

Diet

Restrictions: _____

Complies with restrictions: ___ Yes ___ No

Comments: _____

Eating problems (anorexia, compulsive, difficult swallowing...): _____

Food reactions & type: _____

Mobility

- ___ Walks without assistance
- ___ Limp or walks unsteadily
- ___ Walks with assistance of a cane, etc.
- ___ Unable to walk
- ___ Climbs stairs without assistance

Immunization Dates

Type of vaccine: _____

- _____ 1st dose
- _____ 2nd dose
- _____ 3rd dose
- _____ 4th dose
- _____ 5th dose

DPT/DT/TD, MMR, Pneumonia, Tuberculosis, Polio & Recent Flu Vaccines:

- ___ Climbs stairs with assistance
- ___ Walks up hills without difficulty
- ___ Walks on uneven surfaces without difficulty
- ___ Rides bike
- ___ Runs without difficulty

Waivers

- ___ Health reasons this person was not immunized

List immunizations person did not receive due to health: _____

- ___ For religious reasons person was not immunized
- ___ For personal conviction person was not immunized

Resident Representative

Date

Medical Information

Please answer the following questions.

1. Have you had any problems with Arthritis, Back Pain, Sprains, Fractures, Contractor Atrophy, Prosthesis, Amputations, Spinal Curvature, Limited Range of Motion or any other Problem with your Muscles or Bones?

Problem: _____

Current: _____

Resolved Date: _____

Onset: _____

RX/Treatment: _____

2. Have you had any Breast Problems such as Tenderness, Discharge, Lymph's, Fibrocystic Disease, Cancer or any other problems not listed above?

Problem: _____

Current: _____

Resolved Date: _____

Onset: _____

RX/Treatment: _____

Medical Information (continued)

Please answer the following questions.

3. Any problems with Sexually Transmitted Diseases such as AIDS, Syphilis, or other complications not listed above?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

4. Problems with Headaches (migraines, tension, sinus, etc)

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

5. Seizures list if Gran Mal, Petite Mal, or other:

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

6. CVA (Stroke or encephalitis) Loss of Consciousness (Fainting or Trauma)

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

7. Eating Disorders (Anorexia, Bulimia, Compulsive Eater Overweight, Underweight or other items?)

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

8. Colon Problems (Constipation, Diarrhea, Hemorrhoids, Incontinence)

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

Medical Information (continued)

Please answer the following questions.

9. Hearing Impairment such as ear infections. If hearing loss please list the Percentage of Hearing Loss in each ear.

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

10. Problems with Recurrent Sore Throat Infections?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

11. Sinus Problems or Bloody Nose?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

12. Thyroid Disease?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

13. Heart Problems such as Congenital, Rheumatic, Palpitations, Murmur, Heart Attack, Chest Pain, Infection or other Problems?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

14. Lung Problems such as TB, Cancer, Asthma, Bronchitis, Pneumonia, Emphysema or any Other Problems?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

Medical Information (continued)

Please answer the following questions.

15. Hypoglycemic

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

16. Diabetic

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

17. Stomach Problems such as Ulcers, Hepatitis, Indigestion, Vomiting, Hiatal Hernia, Ostomy, Gallbladder or other Problems?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

18. Kidney/Urine Problems such as Bladder Infection, Kidney Stone, Incontinence day/night, Kidney Disease, Bloody Urine or other items?

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

19. Skin Problems such as Acne, Rash, Dandruff, Ingrown Toe Nails etc.

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

20. Allergies

Problem: _____
Current: _____
Resolved Date: _____
Onset: _____
RX/Treatment: _____

Medical Information (continued)

Please answer the following questions.

21. Hay Fever

Problem: _____

Current: _____

Resolved Date: _____

Onset: _____

RX/Treatment: _____

Interaction with Others

- ___ Interacts with others in group games/activities
- ___ Interacts with others for a short period of time
- ___ Interacts with others only imitatively
- ___ Does not interact with others well

Group Participation

- ___ Initiates group activities (organizer)
- ___ Active participant in activity (eagerly)
- ___ Passive participant in activity, needs encouraging
- ___ Does not participate in group activities

Check all Statements that Apply for the Following:

Leisure Time Activities

- ___ Engages in complex time activities
- ___ Has a hobby such as painting, collecting, etc
- ___ Engages in simple activities such as watch TV, etc
- ___ None of the above

Consideration for Others

- ___ Shows interest in other's affairs
- ___ Takes care of other's belongings
- ___ Helps direct affairs of others when needed
- ___ Shows consideration for other's feelings
- ___ None of the above

Cooperation

- ___ Offers assistance to others
- ___ Is willing to help if asked
- ___ Never helps others

Honesty

- ___ Tells the truth when confronted
- ___ Sometimes tends to makes up stories
- ___ Covers up; Does not tend to tell the truth

Medical Information (continued)

Please answer the following questions.

General Responsibility

- Very conscientious; assumes much responsibility
- Usually conscientious and dependable
- Unreliable; little effort to carry responsibility
- Not given any tasks requiring responsibility

Is Applicant's main handicap "mental retardation"? Yes No

Has applicant had a diagnosis of mental illness? Yes No

List mental illnesses such as manic depression, anxiety, chemical addiction, suicidal etc: _____

Behavior

Please check all that apply to applicant:

- | | | |
|--|--|--|
| • <input type="checkbox"/> Calm | • <input type="checkbox"/> Easily Corrected | • <input type="checkbox"/> Irresponsible |
| • <input type="checkbox"/> Cooperative | • <input type="checkbox"/> Honest | • <input type="checkbox"/> Lazy |
| • <input type="checkbox"/> Hyperactive | • <input type="checkbox"/> Temper | • <input type="checkbox"/> Reclusive |
| • <input type="checkbox"/> Aggressive | • <input type="checkbox"/> Destructive | • <input type="checkbox"/> Cheerful |
| • <input type="checkbox"/> Alert | • <input type="checkbox"/> Runs Away | • <input type="checkbox"/> Moody |
| • <input type="checkbox"/> Industrious | • <input type="checkbox"/> Cries Easily | • <input type="checkbox"/> Stubborn |
| • <input type="checkbox"/> Social | • <input type="checkbox"/> Difficult to Manage | • <input type="checkbox"/> Antagonistic |
| • <input type="checkbox"/> Apathetic | | |

How is time occupied when alone? _____

Behavior in public when with you? _____

List things that cause anxiety or Disturbance: _____

Explain in detail, behavior when disturbed: _____

Additional comments related to behavior: _____

Medical Information (continued)

Please answer the following questions.

Are there any phobias (knives, heights, water, airplanes...)? _____

Hobbies? _____

Social Organizations? _____

Personal Care & Grooming

Please check all that apply for the following question.

Keeps hands and face clean

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Bathes and uses deodorant

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Combs own hair

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Shampoos own hair

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Brushes and flosses teeth

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Changes clothes daily

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Personal Care & Grooming (continued)

Please check all that apply for the following question.

Chooses right clothes for

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Chooses right clothing for weather

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Knows when clothes need washing

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Operates washer and dryer

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Mends and irons clothes as needed

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Cares for shoes

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Asks for new clothing when needed

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Shaves without assistance

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Shaves using:

- ___ Blade
- ___ Electric
- ___ Not at all

Personal Care & Grooming (continued)

Please check all that apply for the following question.

Cares for own menstrual needs

- ___ Needs constant reminder
- ___ Needs occasional reminder
- ___ Consistently independent; takes care of self

Dressing

- ___ Cooperates by extending arms or legs
- ___ Must be dressed completely
- ___ Can dress self

Shoes

- ___ Puts on shoes w/o assistance
- ___ Ties shoes w/o assistance Unties shoes w/o assistance
- ___ Removes shoes w/o assistance
- ___ None of the above

Toilet Training

- ___ Never has accidents
- ___ Never has accidents during day
- ___ Occasionally has accidents during day
- ___ Frequently has accidents during day
- ___ Is not toilet trained at all

Self- Care on Toilet

- ___ Lowers pants w/o help
- ___ Sits on seat w/o help
- ___ Uses toilet paper correctly
- ___ Flushes toilet after use
- ___ Puts on clothes w/o help
- ___ Washes hands w/o help
- ___ None of the above

Bathing

- ___ Takes daily shower/bath w/o reminder
- ___ Needs reminder to bathe
- ___ Needs physical help to bathe
- ___ Unable to bathe self
- ___ Able to draw bath water w/o assistance
- ___ Knows difference between the hot and cold dials

Drinking

- ___ Drinks w/o spilling; holds glass w/ 1 hand
- ___ Drinks from cup unassisted; neatly
- ___ Drinks from cup unassisted; considerable spillage
- ___ Does not drink from cup unassisted

Personal Care & Grooming (continued)

Please check all that apply for the following question.

Use of Table Utensils

- ___ Uses knife and fork neatly and properly
- ___ Uses knife for cutting or spreading
- ___ Feeds self w/ spoon and fork only; neatly
- ___ Feeds self w/ spoon and fork; spills
- ___ Feeds self w/ fingers; must be fed

Public Eating

- ___ Orders complete meals in restaurants
- ___ Orders simple meals (hot dogs/burgers)
- ___ Orders soft drinks at soda fountain
- ___ Does not order at public eating places

Room Cleaning

- ___ Cleans room well (sweep, dust, tidy)
- ___ Cleans room but not thoroughly
- ___ Does not clean at all

Personal Belongings

- ___ Very dependable; always cares for belongings
- ___ Usually dependable; Usually cares for belongings
- ___ Unreliable; seldom cares for belongings
- ___ Not responsible; does not care for belongings

Care of Clothing:

- ___ Wipes and polishes shoes when needed
- ___ Puts clothes in drawer neatly
- ___ Sends clothes to laundry w/o reminder
- ___ Hangs clothes w/o reminder
- ___ None of the above

Describe Applicant's Specific Grooming Habits: blow dry hair, Extended time to put on makeup, Showers often, etc: _____

Education and Work Experience

School Programs Attended (Public, Private, and Special Ed):

Name of School and whether Regular or Special Ed Class: _____

Education and Work Experience (continued)

Describe special programs: speech/physical therapy, behavior mod. Etc: _____

Name of School and Regular or Special Ed Class: _____

Describe Special Programs: _____

Name of School and Regular or Special Ed Class: _____

Describe special programs: _____

Was Educational Testing done? ___ Yes ___ No

If yes, please fax or mail copies of tests.

Complex Instructions

- ___ Understands prepositions (on, as, behind, etc.)
- ___ Understands instruction order (first, then, last)
- ___ Can make decisions (if...do this, but if no, do...)
- ___ None of the above

Dexterity/Speed, Skill, and Ease in Using Hands

- ___ Writes w/ pen or pencil
- ___ Uses scissors
- ___ Can screw things together
- ___ Adept at using hands

Frustration Tolerance:

- ___ Sticks to a job in the face of obstacles
- ___ Sticks to job, but shows distress
- ___ Has considerable difficulty w/ obstacles
- ___ Cannot tolerate obstacle to complete job

Effort:

- ___ Steady work patterns
- ___ Moderately steady work patterns
- ___ Generally steady work patterns
- ___ Very unstable work patterns

Education/Work: _____

Education and Work Experience (continued)

Basic functioning grade level: _____

Reading level: _____

Math level: _____

Social Skills: _____

Reading Comprehension: _____

Writing Skills: _____

Learning Ability: _____

Response to Instructions:

- ___ Minimal instruction to follow through task
- ___ Moderate instruction to complete task
- ___ Repeated instruction to complete task
- ___ Close supervision needed with repeated instruction

Concentration:

- ___ Complete attention to job at hand
- ___ Fluctuating attention to job at hand
- ___ Little attention to any job
- ___ Unable to concentrate w/o 1-to-1 supervision

Adjustability to New Assignments:

- ___ Adapts quickly to new assignments
- ___ Has difficulty adjusting to new assignments
- ___ Cannot adjust to new assignments

Speech:

- ___ Easily understandable
- ___ Somewhat difficult to understand
- ___ Not understandable; makes sounds
- ___ Makes no sounds

Pre-Verbal Expression:

- ___ Nods head or smiles to express happiness
- ___ Indicates hunger
- ___ Indicates by pointing or vocal noises
- ___ Laughs when happy
- ___ Expresses pleasure or anger w/ vocal noises
- ___ Able to say a few words
- ___ None of the above

Vocabulary:

- ___ Talks about action when looking at pictures
- ___ Names people, things when looking at pictures
- ___ Uses names of familiar objects
- ___ Asks for 10 things by their proper names

Education and Work Experience (continued)

Sentences:

- ___ Uses complex sentences containing "because", "but"
- ___ Asks questions such as why, how, what, where
- ___ Speaks in simple sentences
- ___ Is nonverbal or nearly nonverbal

Reading:

- ___ Reads books for children 9yrs and older
- ___ Reads Books for children 7yrs old
- ___ Reads simple stories or comics
- ___ Reads signs such as 'One-Way' or 'Women' etc
- ___ Recognizes 10 or more words by sight
- ___ Recognizes fewer than 10 words or none at all

Writing:

- ___ Writes sensible and understandable letters
- ___ Writes short notes/memos
- ___ Writes/prints forty words
- ___ Writes/prints ten words
- ___ Writes/prints own name
- ___ Cannot write or print any words

Time:

- ___ Tells time by clock/watch correctly to the minute
- ___ Comprehends time intervals; between 3 and 4pm
- ___ Comprehends that 9:15 is same as quarter past nine
- ___ Associates time with actions and events
- ___ Understands time on digital clock only
- ___ None of the above

Numbers:

- ___ Does simple addition and subtraction
- ___ Counts ten or more objects
- ___ Mechanically counts objects by saying 'one..two..'
- ___ Discriminates between one and many or a lot
- ___ Has no understanding of numbers
- ___ Counts to:

Money Handling:

- ___ Uses banking facilities independently
- ___ Makes change correctly, doesn't use bank facility
- ___ Adds coins of various denominations up to \$1.00
- ___ Uses money but does not make change correctly
- ___ Does not use money

Education and Work Experience (continued)

Purchasing:

- ___ Buys all own clothing
- ___ Buys own clothing accessories
- ___ Makes minor purchase w/o help (candy, soft drinks)
- ___ Does shopping w/ slight supervision
- ___ Does shopping w/ close supervision
- ___ Does not shop

Use of calculator:

- ___ Always
- ___ Sometimes
- ___ Never

Electrical Typewriter:

- ___ Always
- ___ Sometimes
- ___ Never

Educational Games:

- ___ Always
- ___ Sometimes
- ___ Never

Computer games:

- ___ Always
- ___ Sometimes
- ___ Never

Library:

- ___ Always
- ___ Sometimes
- ___ Never

Additional Comments: _____

Daily Living

Need for Supervision:

- ___ Constant
- ___ Moderate
- ___ Reports all injury
- ___ Can be left alone inside
- ___ Can be left alone outside

Eating:

- ___ Feeds self
- ___ Eats with supervision
- ___ Uses spoon
- ___ Uses knife to cut

Table Manners:

- ___ Asks food to be passed
- ___ Chews w/ mouth closed
- ___ Drools when eating
- ___ Takes appropriate-sized bits of food

Personal:

- ___ Brushes teeth unaided
- ___ Washes hands w/ soap unaided
- ___ Cuts own fingernails
- ___ Cuts own toenails
- ___ Blows own nose
- ___ Wets self
- ___ Wets bed
- ___ Changes sheets when wet
- ___ Hides sheet when wet

Has menstrual flow? ___ Yes ___ No

If Menstrual flow, occurs monthly? ___ Yes ___ No

Uses:

- ___ Pads
- ___ Tampons
- ___ Both

Knows to change pad at least every 6hrs? ___ Yes ___ No

Needs medication for cramps? ___ Yes ___ No

List needed medication: _____

Daily Living (continued)

Bowel Habits

Has regular bowel movements ___ Yes ___ No

Constipation ___ Yes ___ No

Wipes self clean after bowel movement ___ Yes ___ No

Uses proper amount of toilet paper ___ Yes ___ No

Washes hands after using toilet ___ Yes ___ No

Makes bed

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Changes bedding when necessary

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Keeps room neat

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Dusts

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Sweeps

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Vacuums

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Washes windows

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Daily Living (continued)

Cleans bathrooms

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Takes out garbage

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Cleans sink after hand washing

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Washes a car

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Cleans an oven

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Can use hand tools

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Can use shovel/rake/wheelbarrow

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Knows how to use washer/dryer

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Daily Living (continued)

Uses scissors

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Uses hot glue gun

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Paints- ceramic/oil water colors

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Respects authority

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Accepts criticism

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Asks for aid when necessary

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Accepts responsibility

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Willingly helps others

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Daily Living (continued)

Listens to and follows directions

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Attends to tasks

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Completes tasks

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Works well w/ others

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Works independently

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Respects property of others

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Cares for personal property

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Shares and takes turns

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Daily Living (continued)

Demonstrates pride in work

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Controls temper

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Manners: please, thank you, excuse me

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Uses appropriate behavior w/ opposite sex

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Does not interrupt

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Behaves appropriately w/ strangers

- ___ Always
- ___ Sometimes
- ___ Rarely
- ___ Never

Print and fill out the Enrollment Application, then send it to the following address:
Sterling Ranch, Inc. P.O. Box 36 Skull Valley, Arizona 86338

If you have any questions, please feel free to contact us any time:

928-442-3289

E-Mail: director@sterlingranchinc.com