



www.summit-school.com

Summit School is a private school recognized and subsidized in the public interest by the Ministère de l'Éducation et l'Enseignement Supérieur (MEES). We have 3 campuses. Our Main Campus and Lauren Hill Campus are located in Ville St Laurent. Our TECC Campus is located in downtown Montreal.

We service over 650 students, ranging in age between 4 and 21 years old, who present with a range of neurodiverse conditions including intellectual disabilities, autism spectrum disorder, and/or behavioural and emotional disturbances. Summit School accepts children from the island of Montreal, Laval, West Island, and the South and North Shores.

All students at Summit School follow an Individualized Education Plan (IEP) and follow the Ministry mandated program determined by their age and their needs: Preschool Program, Modified Primary, CASP, Modified Secondary Cycle 1, Challenges, and WOTP. Please note that Summit School does not offer a high school leaving diploma.

In addition to our teaching staff, Summit School employs a multidisciplinary team of professionals including occupational therapists, speech and language pathologists, physiotherapists, psychologists, social workers, educational consultants, job coaches, and behaviour technicians. Working together, we dedicate ourselves to providing a supportive environment that meets each student's needs and fosters learning, personal growth, well-being, and independence. In this way, we can ensure that our students begin their adult journey as engaged members of their community, equipped with the confidence and skills they need to lead a fulfilling life.

GENERAL INFORMATION

SCHOOL HOURS

Main campus & TECC campus

Arrival - 8:45 a.m.
Dismissal - 3:15 p.m.

Lauren Hill campus

Arrival – 8:30 a.m.
Dismissal – 3:00 p.m.

OFFICE HOURS

The main office is open Monday to Friday, from 8:00 a.m. to 5:00 p.m. If you would like to visit one of our campuses, please contact the Registrar at 514-744-2867 ext.266.

TRANSPORTATION

Provided for students on the island of Montreal, including West Island and some parts of Laval. South Shore students must arrange special transportation with their local school board.

Herman Erdogmus, Director General
Bena Finkelberg, Senior Principal • Cindy Larson, Principal Satellite Campuses
Tanya Peixe, Vice Principal, Main Campus • Costa Kyriakou, Vice Principal, Main Campus
Josh Cunningham, Vice Principal, Satellite Campuses

1750 Rue Deguire
St. Laurent, Qc.
H4L 1M7
Tel: (514) 744-2867
Fax: (514)744-6410



The following is a list of documents required to apply for ADMISSION TO SUMMIT SCHOOL. It is important to note that **your child's application will not be processed until their file is complete. Be sure to include the application fee, and to sign the release form below.** Please answer all questions on the parent questionnaire as completely as possible in order for us to better understand your child. If your child is currently in school or daycare, please have their Teacher/Educator complete the questionnaire, and include it with your application. This information will be part of your child's record and will be kept confidential.

To ensure prompt processing of your application be sure to include the following documents:

- Parent questionnaire Teacher/ Educator questionnaire
- 50\$ non-refundable application fee.**
If paying by cheque, payable to Summit School.
- A copy of the student's Long form birth certificate (having both parent's names). **If born outside of Canada, you MUST submit Immigration Canada/QC documents ie: Citizenship, Perm. Residency, Refugee status, work permit etc.**
- A copy of the student's English Eligibility certificate. If your child does not yet have one, then a copy of the English certificate of sibling or parent, **or** proof of primary/ secondary education in Canada in English for the applicant or either parent (a school transcript for example with permanent code).
Proof of citizenship for **this** parent (birth certificate, passport, citizenship card, Permis de conduire Plus)

Most recent:

- IEP (Individual Educational Plan) and report card from current school.
- Daycare progress report (if not yet in school)
- Psychological Assessment
- Diagnosis
- Therapy reports (speech, OT, physio)

**MAIL or drop off these documents with this form to: Summit School c/o Admissions
1750 Deguire, St. Laurent, QC.H4L 1M7**

PLEASE DO NOT EMAIL (Applications sent by email **will not** be accepted).

AUTHORIZATION OF THE RESPONSIBLE PARENT / GUARDIAN

I hereby authorize Summit School to communicate with educators and/or professionals in order to obtain supplemental information in relation to my child's functioning. As part of the intake process, I authorize Summit School professionals to observe and evaluate my child in person. Please note that a photo will also be taken of your child for our internal records only.

STUDENT: _____

DATE OF BIRTH: _____

PARENT / GUARDIAN: _____

SIGNATURE : _____

APPLICATION FOR ENROLLMENT – Parent questionnaire

PLEASE INSERT A RECENT PHOTOGRAPH OF YOUR CHILD

DATE RECEIVED: _____
(FOR OFFICE USE ONLY)

WHICH SCHOOL YEAR ARE YOU APPLYING FOR? _____

STUDENT IDENTIFICATION: *As it appears on the Birth Certificate*

(Last name) _____ (First name) _____ (Preferred name) _____
 DATE OF BIRTH: _____ (dd/mm/yy) BIOLOGICAL SEX: Male Female
 GENDER: FEMALE MALE NON-BINARY
 PLACE OF BIRTH: _____ *If born outside of Canada, you **MUST** submit Immigration documents*
 RELIGION: _____ MOTHER TONGUE: _____
 DIAGNOSIS: _____ MEQ CODE OF DIFFICULTY: _____
 PERMANENT CODE: (Appears on your child's report card) _____
 EMERGENCY CONTACT: _____ () _____
 (Other than parent) (Name) (Phone no.) (Relation)

LEGAL GUARDIAN(S): *Please check off who the legal guardian is for this applicant*

BOTH PARENTS PARENT 1 PARENT 2
 OTHER/ Full name: _____ Relation to applicant: _____

LIVES WITH: BOTH PARENTS PARENT 1 PARENT 2 CAREGIVER
 PARENT 1 & PARENT 2 SEPERATELY: *Indicate frequency in the shaded area below, alternating weeks/ months/ weekends*

PARENT 1: GENDER: FEMALE MALE NON-BINARY

LAST NAME: _____ FIRST NAME: _____
 BIRTHPLACE: _____ BIRTHDATE: _____ (dd/mm/yy)
 ADDRESS: _____ APP#: _____
 CITY: _____ POSTAL CODE: _____
 HOME PHONE: () _____ WORK PHONE NO.: () _____
 CELLULAR NO. () _____ E-MAIL: _____

LIST OF PEOPLE LIVING IN YOUR HOME OTHER THAN PARENT (S) / GUARDIAN(S):

NAME RELATION (sibling, grandparent, etc...)

NAME	RELATION (sibling, grandparent, etc...)

PARENT 2: GENDER: FEMALE MALE NON-BINARY

LAST NAME: _____ FIRST NAME: _____

BIRTHPLACE: _____ BIRTHDATE: _____
(dd/mm/yy)

HOME PHONE: () _____ WORK PHONE NO.: () _____

CELLULAR NO.: () _____ E-MAIL: _____

PLEASE CHECK IF ADDRESS SAME AS ABOVE, if not specify below;

ADDRESS: _____ APP#: _____

CITY: _____ POSTAL CODE: _____

LIST OF PEOPLE LIVING IN YOUR HOME OTHER THAN PARENT (S) / GUARDIAN(S):

NAME	RELATION (sibling, grandparent, etc...)

CAREGIVER IDENTIFICATION (if applicable): GENDER: FEMALE MALE NON-BINARY

LAST NAME: _____ FIRST NAME: _____

BIRTHPLACE: _____ BIRTHDATE: _____
(dd/mm/yy)

ADDRESS: _____ APP#: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: () _____ WORK PHONE NO.: () _____

CELLULAR NO.: () _____ E-MAIL: _____

LIST OF PEOPLE LIVING IN YOUR HOME OTHER THAN PARENT (S) / GUARDIAN(S):

NAME	RELATION (sibling, grandparent, etc...)

WHICH SCHOOL/ DAYCARE IS YOUR CHILD ATTENDING? _____

ADDRESS & TEL #.: _____

SCHOOL BOARD: _____

IS YOUR SCHOOL BOARD AWARE THAT YOU ARE APPLYING TO SUMMIT SCHOOL? YES NO

WHICH AGENCY OR PERSON REFERRED YOU TO SUMMIT SCHOOL? _____

* YOUR LOCAL ENGLISH SCHOOL BOARD MUST BE INFORMED (WITH THE EXCEPTION OF THE LESTER B. PEARSON SCHOOL BOARD) THAT YOU ARE APPLYING TO SUMMIT SCHOOL. AN "ENTENTE" WILL BE SIGNED BY OUR SCHOOL AND THE SCHOOL BOARD IF YOUR CHILD IS ACCEPTED.

PREVIOUS SCHOOLING / DAYCARE:

NAME OF SCHOOL/DAYCARE	SCHOOL BOARD (if applicable)	TYPE OF PROGRAM

SOCIAL SERVICES

PUBLIC SERVICE PROVIDERS: Please check off if you are CURRENTLY receiving ANY services from the following agencies;

CLSC Name and telephone # of SOCIAL WORKER: _____

CLSC Name and telephone # of PSYCHOEDUCATOR: _____

CRDI Name and telephone # of PSYCHOEDUCATOR: _____

ADAPTED TRANSPORT FILE # (if applicable) _____

PRIVATE SERVICES:
Please specify: _____

FUNDING: Please check off if you are receiving funding from any of the following government programs;

SUPPLEMENTARY ALLOWANCE DISABILITY TAX CREDIT (T2201) SOUTIEN À LA FAMILLE

SOCIAL ASSISTANCE (for students 18+) S.I.N # _____ - _____ - _____

HEALTH

PEDIATRICIAN - Name and telephone # _____

FAMILY DOCTOR - Name and telephone # _____

DOES YOUR CHILD HAVE SEIZURES? YES NO TYPE _____

HOW OFTEN DO THEY OCCUR? _____

DOES YOUR CHILD SUFFER FROM ALLERGIES? YES NO

IF SO, TO WHAT? _____

IS YOUR CHILD ON MEDICATION ON A REGULAR BASIS? YES NO IF SO, COMPLETE THE FOLLOWING TABLE:

NAME OF MEDICINE	DOSAGE	Frequency	REASON FOR TAKING IT

MEDICAL HISTORY

HAVE THERE BEEN ANY SERIOUS ILLNESSES OR CHRONIC CONDITIONS IN THE CHILD'S HISTORY?

YES NO PLEASE DESCRIBE: _____

WHAT IS THE CURRENT STATUS? _____

ARE THERE ANY HEALTH PRECAUTIONS THAT MUST BE TAKEN? _____

ACTIVITIES OF DAILY LIVING

TOILETING: DOES YOUR CHILD DO THE FOLLOWING;

REQUEST TO GO TO THE BATHROOM? YES NO HAVE ACCIDENTS? YES NO

WIPE INDEPENDENTLY? YES NO

WEAR A PULL UP DURING THE DAY? YES NO DURING THE NIGHT? YES NO

NOTES: _____

EATING: DOES YOUR CHILD DO THE FOLLOWING;

FEED THEMSELVES? YES NO USE A FORK? YES NO USE A SPOON? YES NO

DRINK FROM A CUP? YES NO HAVE A SPECIAL DIET? YES NO

NOTES: _____

MOBILITY

WALKING: INDEPENDENT CONSTANT SUPPORT

WALKING AIDS: WALKER BRACES OTHER _____

STAIRS: INDEPENDENT SOME SUPPORT CONSTANT SUPPORT

SAFETY ISSUES: _____

SENSORY NEEDS

DOES YOUR CHILD HAVE SENSORY ISSUES? YES NO If yes, please check those that apply:

DOES YOUR CHILD FREQUENTLY;

MOUTH OR EAT NON-EDIBLES? _____

SEEM BOTHERED BY BRIGHT LIGHTS? _____

SEEM BOTHERED BY LOUD OR UNEXPECTED NOISES? _____

SEEM BOTHERED WHEN TOUCHED LIGHTLY? _____

SEEM BOTHERED WHEN HANDS ARE MESSY? _____

MOVE AROUND A LOT? (JUMP, SPIN, PACE...) _____

PUSH, PULL, SQUEEZE, BANG? _____

SENSORY TOOLS CURRENTLY USED? _____

COMMUNICATION

MY CHILD COMMUNICATES BY: Please check those that apply

- GESTURES PHRASES SIGNS SOUNDS SENTENCES
 VISUALS WORDS ECHOLALIA FACIAL EXPRESSIONS

MY CHILD UNDERSTANDS:

- SINGLE WORDS SHORT PHRASES/ REQUESTS TWO STEP DIRECTIONS

IS YOUR CHILD CURRENTLY USING A SPECIALIZED DEVICE OR PROGRAM? (i.e. AAC Assistive Augmentative Communication):

Notes: _____

SOCIAL EMOTIONAL DEVELOPMENT

GROUP INTERACTION: Please check those that apply

LEVEL OF PLAY: ALONE NEAR OTHERS WITH OTHERS UNABLE TO PLAY WITHOUT ADULT SUPPORT

PLAY SKILLS: SHARING TURN-TAKING

Preferred activities: _____

EMOTIONAL & BEHAVIOURAL REGULATION Please check those that apply:

GENERAL TEMPERAMENT:

- CONTENT ACTIVE OR UNSETTLED WITHDRAWN OR SUBDUED

EMOTIONAL CONCERNS:

- ANXIETY/FEAR ANGER SADNESS/ EXCESSIVE CRYING

BEHAVIOURAL CONCERNS:

- MILD NONCOMPLIANCE SIGNIFICANT NONCOMPLIANCE
 TANTRUMS/MELTDOWNS (UNDER 15 MINS) TANTRUMS/MELTDOWNS (OVER 15 MINS)
 MILD AGGRESSION TOWARD SELF SIGNIFICANT AGGRESSION TOWARD SELF
 MILD AGGRESSION TOWARD OTHERS SIGNIFICANT AGGRESSION TOWARD OTHERS
 VERBAL AGGRESSION OR THREATS

COMMON TRIGGERS:

- TRANSITIONS CHANGE IN DAILY ROUTINE DOESN'T GET WHAT THEY WANT/ EXPECT
 WORK/ TASK DEMANDS LOUD/ UNEXPECTED NOISES CROWDS
 OTHER BRIGHT/BUSY ENVIRONMENT NEW PERSON/ PLACE/ ACTIVITY

(Please specify):

PLEASE DESCRIBE ANY:

Dislikes / fears: _____

Safety concerns (e.g.; street safety, safety in a moving vehicle): _____

Additional behaviours of concern: _____

Preferred rewards / motivators: _____

Useful calming strategies: _____

Strategies / intervention plans used at school/daycare: _____

Please share any other important information regarding your child's functioning at school, daycare, or at home:

HAS YOUR CHILD BEEN **EVALUATED** FOR:

(Please refer to most recent evaluation if there is more than one for the following services)

<p>HEARING Yes <input type="radio"/> No <input type="radio"/></p>	Where?	
	When?	
	By whom?	
	Findings?	
		Hearing Aid <input type="radio"/> Cochlear Implant <input type="radio"/> FM System <input type="radio"/>
<p>VISION Yes <input type="radio"/> No <input type="radio"/></p>	Where?	
	When?	
	By whom?	
	Findings?	
		Glasses <input type="radio"/>
<p>DENTAL Yes <input type="radio"/> No <input type="radio"/></p>	Where?	
	When?	
	By whom?	
	Findings?	
<p>SPEECH LANGUAGE PATHOLOGIST Yes <input type="radio"/> No <input type="radio"/></p>	Where?	
	When?	
	By whom / telephone #?	
	Diagnosis:	
	CURRENTLY receiving intervention?	YES <input type="radio"/> NO <input type="radio"/>
<p>OCCUPATIONAL THERAPY Yes <input type="radio"/> No <input type="radio"/></p>	Where?	
	When?	
	By whom / telephone #?	
	Diagnosis:	
	CURRENTLY receiving intervention?	YES <input type="radio"/> NO <input type="radio"/>

EVALUATIONS (continued)

HAS YOUR CHILD BEEN **EVALUATED** FOR:
 (Please refer to most recent evaluation if there is more than one for the following services)

PHYSIOTHERAPY Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom? Telephone #?	
	Diagnosis:	
	CURRENTLY receiving intervention?	YES <input type="radio"/> NO <input type="radio"/>
NEUROLOGY Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom? Telephone # ?	
	Diagnosis:	
	CURRENTLY receiving intervention?	YES <input type="radio"/> NO <input type="radio"/>
PSYCHOLOGY Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom? Telephone # ?	
	Diagnosis:	
	CURRENTLY receiving intervention?	YES <input type="radio"/> NO <input type="radio"/>
PSYCHIATRY Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom? Telephone #?	
	Diagnosis:	
	CURRENTLY receiving intervention?	YES <input type="radio"/> NO <input type="radio"/>



APPLICATION FOR ENROLLMENT – Teacher / Educator questionnaire

TO BE FILLED OUT BY CHILD'S CURRENT TEACHER/EDUCATOR FOR APPLICATION TO SUMMIT SCHOOL

NAME OF CHILD: _____	DATE: _____
NAME OF PROFESSIONAL: _____	
TITLE/ROLE (E.G. Teacher, Resource Teacher, Educator): _____	
SCHOOL/DAYCARE: _____	
EMAIL ADDRESS: _____	

A. DESCRIPTION OF CLASS (PLEASE INCLUDE GRADE, NUMBER OF STUDENTS IN CLASS, AND STAFF TO STUDENT RATIO):

B. SCHOOL/DAYCARE SCHEDULE: PART-TIME FULL-TIME

IF PART-TIME, PLEASE INDICATE STUDENT'S SCHEDULE (MORNING ATTENDANCE ONLY, 2 DAYS PER WEEK, ETC.):

C. OVERALL LEVEL OF SUPPORT: 1 ON 1 SHARED INTEGRATION AIDE
 RESOURCE ROOM NO INTEGRATION AIDE SUPPORT

ADDITIONAL COMMENTS:

ACTIVITIES OF DAILY LIVING

A. DRESSING:

- INDEPENDENT
 SOME SUPPORT
 CONSTANT SUPPORT

ADDITIONAL COMMENTS REGARDING DRESSING:

B. TOILETING (CHECK ALL THAT APPLY):

- INDEPENDENT
 SOME SUPPORT (HABIT TRAINED)
 CONSTANT SUPPORT (WEARS DIAPER)
- CAN WIPE INDEPENDENTLY
 REQUIRES HELP WITH WIPING

ADDITIONAL COMMENTS REGARDING TOILETING:

C. EATING (CHECK ALL THAT APPLY):

- INDEPENDENT
 SOME SUPPORT
 CONSTANT SUPPORT
- USES A SPOON OR FORK

ADDITIONAL COMMENTS REGARDING EATING:

COMMUNICATION

PLEASE CHECK ALL THAT APPLY:

	RECEPTIVE		EXPRESSIVE
	UNDERSTANDS GESTURES/SIGNS		USES GESTURES/SIGNS
	UNDERSTANDS PICTOS/VISUALS		USES PICTOS/VISUALS
	UNDERSTANDS SINGLE WORDS		USES SINGLE WORDS
	UNDERSTANDS SIMPLE SENTENCES		USES SIMPLE SENTENCES
	UNDERSTANDS COMPLEX SENTENCES		USES COMPLEX SENTENCES
	UNDERSTANDS CORE BOARD		USES CORE BOARD
	UNDERSTANDS COMMUNICATION APP/DEVICE		USES COMMUNICATION APP/DEVICE

NOTES (ANY OTHER RELEVANT COMMUNICATION INFORMATION):

FINE MOTOR SKILLS

PLEASE CHECK ALL THAT APPLY:

	CAN WRITE NAME		CAN COPY LETTERS/NUMBERS/WORDS
	CAN TRACE		CAN PRINT
	CAN WRITE IN CURSIVE		USES SCISSORS SAFELY

ACADEMICS

A. READING:

- APPROXIMATE GRADE LEVEL: _____
- PROGRAMS USED:

ADDITIONAL COMMENTS:

B. MATH:

- APPROXIMATE GRADE LEVEL: _____
- PROGRAMS USED:

ADDITIONAL COMMENTS:

C. WRITTEN COMMUNICATION:

CHILD CAN (PLEASE CHECK OFF MOST RELEVANT):

	WRITTEN COMMUNICATION
	WRITE SINGLE WORDS
	WRITE SHORT SENTENCES
	WRITE COMPLETE SENTENCES
	WRITE A PARAGRAPH

ADDITIONAL COMMENTS:

D. IN SEAT OR TASK ENDURANCE:

ACTIVITY	DURATION IN MINUTES WITH SUPPORT	DURATION IN MINUTES WITHOUT SUPPORT
PUZZLE		
BOOK		
COLOURING/DRAWING		
INDEPENDENT WORK TASK		
PENCIL/PAPER ACTIVITY		
LISTENING TO AN ADULT 1:1		
LISTENING AS PART OF A GROUP		

LEISURE

A. GROUP INTERACTION (PLEASE CHECK WHICH ONE(S) BEST DESCRIBE THE STUDENT):

LEVEL OF PLAY	PLAYS ALONE	
	PLAYS NEAR OTHERS	
	PLAYS WITH OTHERS	
PLAY SKILLS	SHARING	
	TURN TAKING	

B. GROUP ACTIVITY (PLEASE CHECK WHICH ONE DESCRIBES THE STUDENT BEST):

ACTIVITY	YES, INDEPENDENTLY	YES, WITH PROMPTING	REQUIRES FULL SUPPORT
FOLLOWS GROUP ACTIVITIES			
FOLLOWS DAILY ROUTINE			
REMAINS WITH THE GROUP			LIKELY TO RUN OR WANDER OFF

PREFERRED ACTIVITIES:

SOCIAL-EMOTIONAL LEARNING

A. CHILD'S LIKES/REINFORCERS/MOTIVATORS:

B. CHILD'S DISLIKES/FEARS:

C. EMOTIONAL AND BEHAVIOURAL REGULATION:
(PLEASE CHECK WHICH ONE(S) BEST DESCRIBE THE STUDENT)

GENERAL TEMPERAMENT	CONTENT, READY TO LEARN	
	ACTIVE OR UNSETTLED	
	WITHDRAWN OR SUBDUED	
EMOTIONAL CONCERNS		
	ANXIETY/FEAR	
	ANGER	
	SADNESS, EXCESSIVE CRYING	
BEHAVIOURAL CONCERNS		
	MILD NON-COMPLIANCE	
	SIGNIFICANT COMPLIANCE	
	TANTRUMS/MELTDOWNS (LAST LESS THAN 15 MINS)	
	TANTRUMS/MELTDOWNS (LAST MORE THAN 15 MINS)	
	MILD AGGRESSION TOWARD SELF	
	SIGNIFICANT AGGRESSION TOWARD SELF	
	MILD AGGRESSION TOWARD OTHERS	
	SIGNIFICANT AGGRESSION TOWARD OTHERS	
	VERBAL AGGRESSION TOWARD OTHERS	
COMMON TRIGGERS		
	TRANSITIONS	
	CHANGE IN DAILY ROUTINE	
	CHILD DOESN'T GET WHAT THEY WANT OR EXPECT	
	WORK/TASK DEMANDS	
	LOUD/UNEXPECTED NOISES	
	BRIGHT/BUSY ENVIRONMENTS	
	NEW PERSON/PLACE/ACTIVITY	
	CROWDS	

D. DOES THE STUDENT HAVE AN INDIVIDUALIZED BEHAVIOUR PROGRAM? YES NO

PLEASE DESCRIBE THE STUDENT'S BEHAVIOUR PLAN/DE-ESCALATION, AND SHARE A COPY IF POSSIBLE:

E. THIS YEAR, THE FOLLOWING INTERVENTIONS WERE EFFECTIVE:
(PLEASE CHECK ALL THAT ARE APPLICABLE)

<input type="checkbox"/>	MOVEMENT BREAKS	<input type="checkbox"/>	FIRST/THEN...
<input type="checkbox"/>	SOCIAL STORY	<input type="checkbox"/>	TIME AWAY FROM GROUP
<input type="checkbox"/>	VIDEO MODEL	<input type="checkbox"/>	CHECK-INS
<input type="checkbox"/>	BREAKS	<input type="checkbox"/>	USE OF FIDGETS
<input type="checkbox"/>	USE OF REINFORCERS	<input type="checkbox"/>	RESOURCE PERSONNEL
<input type="checkbox"/>	VISUAL SUPPORTS	<input type="checkbox"/>	PLEASE LIST:
<input type="checkbox"/>		<input type="checkbox"/>	

F. USEFUL CALMING STRATEGIES:

G. PLAY SKILLS/FRIENDSHIPS:

<input type="checkbox"/>	CHILD PREFERS PLAYING ON THEIR OWN
<input type="checkbox"/>	CHILD ENGAGES IN PARALLEL PLAY
<input type="checkbox"/>	CHILD INTERACTS WITH PEERS
<input type="checkbox"/>	CHILD INITIATES PLAY
<input type="checkbox"/>	CHILD HAS FRIENDS
<input type="checkbox"/>	CHILD PREFERS ADULT INTERACTIONS

OTHER IMPORTANT INFORMATION:
