



Application for Persons with Autism

Brigadoon Service Dogs

4759 Mission Road

Bellingham, WA 98226

Phone: (360) 733-5388

Email: denise@brigadoondogs.org



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|---|--|------------------------------|---|
| Name: | | Date of Birth: _/_/___ | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 1. Does he/she run away from caregivers? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| Comment: | | | |
| | | | |
| 2. Does he/she demonstrate hyperactive behaviors? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 3. Does he/she demonstrate impulsivity? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 4. Does he/she demonstrate aggressive behavior toward others? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 5. Does he/she experience temper tantrums? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 6. Does he/she experience a very short attention span? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does he/she experience over sensitivity to sound? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 8. Does he/she experience over sensitivity to being touched? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 9. Does he/she experience an exaggerated reaction to light, odors or other stimuli? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 10. Does he/she demonstrate extreme or abnormal moods? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 11. Does he/she demonstrate a lack of fear to real dangers? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 12. Does he/she demonstrate self-injurious behavior? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 13. Does he/she experience difficulty in forming peer relationships? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 14. Does he/she experience seizures? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 15. Was he/she delayed in developing a spoken language? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Does he/she lack the ability for creative, imaginative play? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| 17. Does he/she lack the ability to initiate or sustain conversation? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Sometimes |

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| 18. Does he/she demonstrate impairment in eye-to-eye contact, facial expression, body postures and gestures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| 19. Does he/she demonstrate repetitive use of language or idiosyncratic language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| 20. Does he/she fail to share enjoyment, interests or achievements with others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| 21. Does he/she demonstrate a lack of social or emotional reciprocity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| 22. Does he/she demonstrate mild to moderate frustration/irritability with minimal changes in routine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| 23. Does he/she take medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| 24. Where will the service dog sleep? | | | |
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| 25. Where will the service dog rest? | | | |
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| 26. How and where will you exercise the service dog? | | | |
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| 27. What are the major challenges you experience as a primary caregiver? | | | |
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| 28. The challenges other family members experience? | | | |
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| 29. How will a service dog change your life and that of other family members? | | | |
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| 30. In what way do you think a service dog might enhance the life of your special needs child? | | | |
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| 31. What are your expectations? | | | |
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| 32. What concerns/reservations do you have with respect to owning a service dog? |
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Parent/Guardian Signature

Date