



www.gsloinc.com

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GoldStar Learning Options 0-18yrs Interest Form

Participant's Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip Code _____

Email Address _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Medical Diagnosis: _____

Service Coordinator and Community Center Board

Community Center Board _____ Phone _____

Service Coordinator _____ Phone _____

Funding Source

____ CES Waiver ____ Medicaid/EPSDT ____ Private Pay ____ Insurance/List Carrier _____
____ Other

****Estimated Start Date for services: _____

I am interested in registering my child for the following days and times:

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday _____ Saturday

I am interested in the following services: (check all that apply)

____ Behavior Consultation ____ Behavior Line ____ Community ____ Respite ____ Tutoring

____ Speech Therapy ____ In-Home ____ In-School ____ In-Community

Other: _____

If this participant is not interested in behavior services do they currently have behavior with someone that can provide us with a behavior plan and training? ____ No ____ Yes Name of Agency: _____

If yes, Name of Consult: _____ Phone: _____

Check all that apply for your participant:

G-Tube needs Medication taken during the day Has challenging behaviors Uses a communication device
Needs assistance in the restroom Will elope or wander in the community Behaviors in the car