



Please email form to:
Interest4glo@gsloinc.com

www.gsloinc.com

7000 Broadway Unit 208
Denver, CO 80021
Ph:303-327-9738

goldstarlearningoptions@gmail.com

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 Diagnoses: _____

Primary Care Physician: _____ PCP Office: _____

PCP Office Address: _____ PCP Phone: _____

Community Center Board: _____ Phone _____

Service Coordinator: _____ Phone _____

Funding Source: ____ CES Waiver ____ Medicaid ____ Private Pay ____ Other: _____

Insurance: _____ Insurance Number: _____

Medicaid Number: _____ ****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