ATLAS Foundation for Autism
252 West 29th St, Third Floor
New York, NY 10001

Atlas School Application
2025 – 2026

Atlas School is a private, not-for-profit school which accepts students 7-21, with special needs (Autism, learning disorders, and other challenges related to executive functioning). Students are accepted regardless of race, color, creed, religion or ethnicity.

Atlas School - Mission Statement

Atlas School honors and embraces students' unique minds, spirits, and voices. Empowered communication and respect for student's passions and abilities ease them into rich social and emotional relationships and experiences. Self-identity, growth and joyful engagement join with academic learning and choice-driven community integration to aid students in pursuit of their own life goals and happiness.

Applications for Admissions to Atlas School shall include:

- Individualized Education Plan (IEP)
- Functional Behavioral Assessment (FBA)
- Health history
- Family and social history
- Atlas Application Forms
- Neuro-psych Report completed within 3 years of application

Upon Directors' review of the application, the student, family and any advocates are invited to a pre-placement school tour and interview, with the opportunity to be observed and assessed in multiple classrooms. Atlas School operates a 12-month program enabling rolling admissions contingent on each student's unique profile and availability. Families may opt for a 10 month or 12 month program depending on each student's needs and IEP.

Atlas' Model and Approach

Atlas School prides itself on ensuring students will be placed in the most appropriate classes based on academic grade level, social and developmental level, and learning style. Atlas School does not subscribe to one specific learning model and individualizes student profiles and classroom structure based on a multitude of curriculums and teaching models (ABA, TEACHH, DIR/Floortime, etc.). Classroom make-up will rely upon accurate and appropriate sensory, cognitive, and communicative profiles.

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About You and Your Child

Student's Name:

Student's Nickname:

Student's Date of Birth:

Current Diagnosis:

Allergies:

Other Medical Needs:

Dietary Restrictions/Preferences:

Family Address:

Home Phone: Work Phone: Cell Phone:

Parent(s) and Guardian Names:

Occupations:

Employer Name: Employer Email:

Are There Siblings In The Family? Yes ◯ No ◉

If so, how many and how old:

Is your child exposed to any languages other than English? If yes, please specify.

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What is your child's preferred language?

Educational & Program History:

Please list previous schools and programs and/or recent hospitalizations (medical or psychiatric) your child has attended over the last 3 – 5 years:

Does your child receive therapies & services, if so, please list:

- At school?

  _____

  _____

- At home?

  _____

  _____

- In the community?

  _____

  _____

What are your child's areas of play and interest?

What are your child's greatest challenges (academic, communication, behavior, social – emotional):

Where do you see your child's development currently, over the next year, and ideally in the next 3 years?

What current methodologies are being implemented in your child's programs?

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About Your Child's Needs

Tell us how your child responds to the following:

Changes to routine:

Following Directions:

Friendships:

What can you tell us about your child's sensory profile (sensitivities to sound, visuals, and tactile input, are they hyper, lethargic, etc.)?

Please describe your child's:

Sleeping patterns:

Eating habits:

Daily Living Skills (toileting, hygiene, environmental awareness, etc.):

Is your child aware of danger? Yes___ No___

What is their level of safety awareness in the community (going for a walk, in a store, traveling within the building, etc.)?

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About Your Child's Speech, Language, and Communication

What is your child's primary mode of communication (gestural/pointing, verbal, AAC/Ipad, etc.)?

How does your child typically express their daily wants and needs (e.g., grabbing, reaching, verbalizing, etc)?

If non-speaking, does your child use a communication device? If so, what program do they use (e.g., TouchChat, Proloquo2Go, LAMP)?

Does your child have any food aversions (e.g., specific textures, temperatures)?

Anything else you'd like us to know:

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About Your School Vision & Future

Help us help you!
What have you been dreaming of most in a school program for your child in the immediate and in the long term?

Why do you believe Atlas is an appropriate fit for you, your child, and your family at this time?

Thank you for your decision to apply to the Atlas School and for the opportunity to embark on a great journey together.