NEW STUDENT APPLICATION

CHILD PERSONAL INFORMATION

Name: ________________________ Date of Birth: ____________

Child Resides with: ________________________

Address: (Street/City/State/Zip) ________________________

________________________ Home phone: ____________

African American	☐	Asian/Pacific Islander	☐	Hispanic	☐
Native American	☐	White/Caucasian	☐	Multiracial	☐
Other	☐	Prefer not to answer	☐		

PARENT/LEGAL GUARDIAN INFORMATION

Mother's name: ________________________ Age: ____________

Address (if different than child): ________________________

Home phone: ________________ Work Phone: ________________

Cell phone: ________________ E-mail Address: ________________

Father's name: ________________________ Age: ____________

Address (if different than child): ________________________

Home phone: ________________ Work Phone: ________________

Cell phone: ________________ E-mail Address: ________________

Siblings:

Name: ________________________ Age: __________ Gender: ________

Name: ________________________ Age: __________ Gender: ________

Name: ________________________ Age: __________ Gender: ________

Estimated Annual Family Income: ________________________

MEDICAL AND HEALTH RECORD

Birth Information:

Weight at Birth: _________ **Gestation weeks:** _________ **Apgar Score:** __________

Family history (are there any illnesses/disabilities in the family):

Mother's age at time of birth: _________

Condition at Birth:

____

____

How long was s/he was in the hospital after birth:

____

When did you noticed that s/he had some problems:

____

Child's Diagnosis (what is it, when was it given):

____

____

____

Any History of Epilepsy or Seizures **(what kind; how often; how long; main symptoms):**

____

____

Current Medications:

____

____

Surgeries (what kind; when):

____

____

____

Botox: ____

Allergies (food, medications etc.):

____

Special Diet (G-tube, etc.):

____

____

MEDICAL AND HEALTH RECORD (CONT'D)

Hearing Tested and Results (when/what results):

____

Vision Tested and Results (when/what results):

____

Please give date of last medical exam(s):

Pediatrics: ______________ (mm/dd/yyyy)	Ophthalmologist: ______________ (mm/dd/yyyy)	Neurologist: ____________ (mm/dd/yyyy)
Ear-specialist: ____________ (mm/dd/yyyy)	Orthopedics: _________________ (mm/dd/yyyy)	Dentist: _______________ (mm/dd/yyyy)

Previous treatments, therapies (PT, OT, Speech, other services; how often):

____

____

____

____

Is there any past participation in Conductive Education programs? (when, where):

____

____

Other Information/Comments you would like to share:

____

____

____

____

____

____

____

What do you think are your child's greatest difficulties at this time?

____

____

____

PARENT/GUARDIAN OBSERVATIONS

Describe your child's daily routine

Weekdays:

____

____

____

Weekend:

____

____

What are your child's favorite leisure activities?

Home:

____

____

Favorite toys/games:

____

Outside:

____

Does your child take part in family life? Does s/he do small household jobs?

____

How does your child express his/her wishes or needs?

Does the child speak words and sentences fluently?	Yes _______	No _______
Does s/he follow instructions?	Yes _______	No _______

Is it easy or difficult to motivate him/her? What does motivate him/her (peers, toys, songs ...)?

____

____

At this time what kind of school and program is s/he enrolled in?

____

____

PRESENT PHYSICAL CONDITION

Lying position

Is s/he able to lift head: Yes ________ No ________

Is s/he able change place on the floor e.g. roll over/crawl: Yes ________ No ________

If so, please describe: ____

____

Sitting position

Is s/he able to sit up on the floor: Yes ________ No ________

Is s/he sit on the floor: Yes ________ No ________

Is s/he sit in chair (supported, unsupported): Yes ________ No ________

If so, please describe: ____

____

Standing position

Is s/he able to stand up from the floor? Yes ________ No ________

Is s/he stands (supported, unsupported): Yes ________ No ________

If so, please describe: ____

____

Walking

Is s/he able to take steps? Yes ________ No ________

Is s/he able to go up and down stairs? Yes ________ No ________

If so, please describe: ____

____

Fine motor movement

Is s/he able to grasp and hold different things (blocks, pencil, paper, etc.)?

Please describe: ____

____

Self-reliance

How s/he eats and drinks (is there any problem with chewing or swallowing; special utensils, self feed):

____

____

Is s/he participating in dressing? Yes ________ No ________

If so, please describe: ____

____

Is your child toilet trained? Yes ________ No ________

GENERAL QUESTIONS

What kind of special aides, furniture does your child use at home?

____

____

____

What goals would you like for your child to work toward during the Conductive Education Program?

____

____

____

____

____

Do you expect to reach these goals with Conductive Education?

____

____

____

____

____

How did you hear about the Conductive Learning Center of North America?

____

Applying for Session:

☐ **I (Sept.)** ☐ **II (Oct.)** ☐ **III (Nov.)** ☐ **IV (Dec.)** ☐ **V (Jan.)** ☐ **VI (Feb.)** ☐ **VII (March)**

☐ **VIII (April)** ☐ **IX (May)** ☐ **X (Summer Camp)**

This application has been completed by:

Name	Relationship	Date (mm/dd/yyyy)

Applications must be accompanied by a $25 check or money order which serves as the initial application fee.
Make check/MO payable to: Conductive Learning Center of North America.
Credit card payment is accepted online.
Please mail your completed Application Form, fee at least one full body photograph of your child and any

Please send application materials to:

Andrea Swiger
Program Director, Senior Conductor-Teacher
Conductive Learning Center of North America
2401 Camelot Ct SE, Ste J
Grand Rapids, MI 49546
Phone: (616) 575-0575
E-Mail: aswiger@conductivelearningcenter.org

Further contact will be made with you regarding assessment dates. A non-refundable assessment fee of $100 is due at the time of assessment. If you will not be able to travel to Grand Rapids, submitting a video following the Video Assessment Guidelines will suffice. Go to our website to see the video guidelines. Thank you.

www.conductivelearningcenter.org