



# RETURNING STUDENT APPLICATION

Today's Date: \_\_\_\_\_

Applying for Session: \_\_\_\_\_

Last Conductive Education school session attended: \_\_\_\_\_

## CHILD PERSONAL INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child Resides with: \_\_\_\_\_

Address: (Street/City/State/Zip) \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

## MEDICAL AND HEALTH RECORD UPDATE

**Current Medications (name/doses/times):**

\_\_\_\_\_  
\_\_\_\_\_

**Any changes in medical condition since last attendance at program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current therapies/schooling (type, frequency/where):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT CONDITION**

Please provide an update regarding current skills in:

**Mobility:**

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**Self-care:**

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**Speech/Language:**

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**PRESENT CONDITION**

Please list the equipment and adaptive devices that your child uses (i.e. AFOs, splints, etc.):

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What current goals do you have for your child?

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Please provide any other information you feel should be known by the staff:

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Please send application materials to:

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