NEW STUDENT APPLICATION

CHILD PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*

Child Resides with: _____ Home Phone: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

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 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, medication, 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 _____

It is 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 to 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, pencils, paper, etc.)? Yes _____ No _____

Please describe: _____

Self-reliance

How s/he eats and drinks (is there any problem with chewing and 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 (September)** ☐ **II (October)** ☐ **III (November)** ☐ **IV (December)** ☐ **V (January)**

☐ **VI (February)** ☐ **VII (March)** ☐ **VIII (April)** ☐ **IX (May)** ☐ **X (Summer Camp)**

This application has been completed by:

Name _____ Relationship _____ Date (mm/dd/yyyy) _____

Following receipt of this application, our Program Director, Andrea Swiger, will reach out and go through your application with you to determine if your child is a potential good candidate for conductive education. If he or she is, an assessment appointment will be scheduled. 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, you will be asked to submit a Video Assessment. Guidelines for video assessment can be found at: https://conductivelearningcenter.org/caregivers/video-assessment/
The Conductive Learning Center will notify you as to acceptance into the program.

Please send application form to:

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