



NEW STUDENT APPLICATION FORM

Applying for Session:

- I (Sept.)
 II (Oct.)
 III (Nov.)
 IV (Dec.)
 V (Jan.)
 VI (Feb.)
 VII (March)
 VIII (April)
 IX (May)
 X (Summer Camp)

CHILD PERSONAL INFORMATION

Name: _____ Date of Birth: _____
 Child Resides with: _____
 Address: (Street/City/State/Zip) _____
 _____ Home phone: _____

PARENT/LEGAL GARDIAN 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: _____

MEDICAL AND HEALTH RECORD

Information at Birth:

Mother's age at time of birth: _____

Weight at Birth: _____

Gestation weeks: _____

Apgar Score: _____

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

Condition at Birth:

How long 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: _____ Ophthalmologist: _____ Neurologist: _____
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Ear-specialist: _____ Orthopedics: _____ Dentist: _____
(mm/dd/yyyy) (mm/dd/yyyy) (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?

This application has been completed by:

Name	Relationship	Date (mm/dd/yyyy)
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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. Please mail your completed Application Form, fee at least one full body photograph of your child and any medical or educational reports, etc. that will be helpful.

Please send application materials to:

Andrea Benyovszky
Program Director, Conductor – Teacher
Conductive Learning Center
2428 Burton S.E.
Grand Rapids, MI 49546
Phone: (616) 575-0575 Fax: (616) 285-1935
E-Mail: abenyovszky@aol.com, abenyovszky@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