

**CONDUCTIVE LEARNING CENTER
2428 Burton Street SE
Grand Rapids, MI 49506**

New Student Application Form

Today's Date: _____ **Applying for Session:** I II III IV V VI VII VIII IX

I. CHILD'S PERSONAL INFORMATION

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

II. PARENT/GUARDIAN INFORMATION

Mother's name: _____
Address (if different than child): _____
Home phone: _____ Work Phone: _____ E-mail Address: _____
Father's name: _____
Address (if different than child): _____
Home phone: _____ Work Phone: _____ E-mail Address: _____

Siblings:

Name: _____ Age: _____ Gender: _____
Name: _____ Age: _____ Gender: _____
Name: _____ Age: _____ Gender: _____

III. MEDICAL AND HEALTH RECORD

Mother's age at time of birth: _____
Weight at Birth: _____ **Gestation weeks:** _____ **Apgar Score:** _____

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

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):

Allergies (food, medications etc.):

Special Diet (G-tube, etc.):

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: _____

Ear-specialist: _____ Orthopedics: _____ Dentist: _____

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:

IV. PARENT/GUARDIAN OBSERVATIONS

1. Describe your child's daily routine

Weekdays:

Weekend:

2. What are your child's favorite leisure activities?

Home:

Favorite toys/games:

Outside:

3. Does your child take part in family life? Does he/she do small household jobs?

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

Does the child speak words and sentences fluently?
Does he or she follow instructions?

5. How does your child move around in the house?

Outside:

6. How does your child go up and down stairs?

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

8. Is it easy or difficult to motivate him/her?

What does motivate him/her (peers, toys, songs...)?

9. At this time what kind of school and program is he/she enrolled in?

How many times a week does he/she attend and for how many hours at a time?
What kind of activities does he/she do while there

10. Please share any other information you would like (use back if needed):

V. PRESENT PHYSICAL CONDITION

1. Lying position

Is he/she able to?

- a. lift head:
- b. roll over:
- c. crawl:

2. Sitting position

Is he/she able to?

- a. sit on the floor:
- b. sit in chair (supported, unsupported):

3. Standing position

Is he/she able to?

- a. stand up from the floor? If so, describe:
- b. stand (supported, unsupported):

4. Walking

Is he/she able to take steps? If so, describe:

5. Fine motor movement

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

6. Self-reliance

Describe how he/she eats and drinks (is there any problem with chewing or swallowing; special utensils, self-feed):

Describe what stage he/she is in regarding toilet training:

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

VI. GENERAL QUESTIONS

1. What goals do you have for your child?

2. Do you expect to reach these goals with Conductive Education?

3. How did you hear about the Conductive Learning Center?

This application has been completed by:

Name	Relationship	Date

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.

Mail application materials to:
Andrea Benyovszky, Program Director
Conductive Learning Center
2428 Burton SE
Grand Rapids, MI 49546
Phone: 616-575-0575
Fax: 616-285-1935
E-mail: benyoand@aquinas.edu

Further contact will be made with you regarding assessments 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.