

**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:

