



# Application

Date \_\_\_\_\_

School Year Applying \_\_\_\_\_

Information Provided By: \_\_\_\_\_

## Student Info

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Name Called \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

## Parent 1 Info

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
(If Different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Education \_\_\_\_\_

## Parent 2 Info

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
(If Different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Education \_\_\_\_\_

## Marital Status and Custody

Marital Status:  Married  Divorced  Separated  Widowed  Remarried

Who has legal custody of this child? \_\_\_\_\_

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Child's Name: \_\_\_\_\_



Is this child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ Is he/she aware of this? \_\_\_\_\_

Please list the occupants of your child's home:

Household 1			Household 2		
<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is any language other than English spoken in the home? \_\_\_\_\_ Which? \_\_\_\_\_

Does your child understand the language? \_\_\_\_\_ Does your child speak the language? \_\_\_\_\_

Child's Name: \_\_\_\_\_



## **Family History:**

Is there a family history of speech, language, or learning difficulties?  
If yes, please complete the following to briefly describe the difficulty:

Yes

No

### **Biological Father's Family History**

(Include father's history, his brothers and sisters, nieces, and nephews)

Difficulties in speech and/or language development?

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Medical conditions?

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Difficulties in school?

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### **Biological Mother's Family History**

(Include mother's history, her brothers and sisters, nieces, and nephews)

Difficulties in speech and/or language development?

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Medical conditions?

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Difficulties in school?

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### **Sibling's History**

Difficulties in speech and/or language development?

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Medical conditions?

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Difficulties in school?

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Child's Name: \_\_\_\_\_



## **Development:**

### Pre- and Post-Natal / Infant:

Which pregnancy was this (include miscarriages, stillborn, children who have died)?

\_\_\_\_\_

What was your general state of health during the pregnancy?

\_\_\_\_\_

\_\_\_\_\_

Were any substances used (medications, tobacco, alcohol, other)? If yes, please list.

\_\_\_\_\_

\_\_\_\_\_

Check all that apply to delivery:

- Cesarean
- Anesthesia
- Inducement
- Very long labor
- Very short labor
- Use of instruments

Were there any immediate problems with your baby after delivery (breathing, injury, jaundice)? If so, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight: \_\_\_\_\_

Length: \_\_\_\_\_

Was your baby nursed or bottle fed?

\_\_\_\_\_

For how long?

\_\_\_\_\_

Any feeding difficulties?

\_\_\_\_\_

For how long?

\_\_\_\_\_

Any sleeping difficulties?

\_\_\_\_\_

For how long?

\_\_\_\_\_

Did your child do any thumb sucking?

\_\_\_\_\_

For how long?

\_\_\_\_\_

Did your child use a pacifier?

\_\_\_\_\_

For how long?

\_\_\_\_\_

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Child's Name: \_\_\_\_\_



**Development:** (continued...)

**Early Childhood:**

Language / Social Communication Milestones (age of onset):

Smiles at another \_\_\_\_\_ Babbling \_\_\_\_\_ Maintains eye gaze \_\_\_\_\_  
Imitation \_\_\_\_\_ Two or three word phrases \_\_\_\_\_ Uses gestures (i.e. points) \_\_\_\_\_  
Uses complete sentences \_\_\_\_\_

Please describe any areas of concern (articulation, socialization, receptive language, expressive language, echolalia ('parrots' what is said))  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Motor Milestones (age of mastery, if applicable):

Sat independently \_\_\_\_\_ Walked independently \_\_\_\_\_  
Run smoothly \_\_\_\_\_ Jump with 2 feet \_\_\_\_\_  
Climb play equipment \_\_\_\_\_ Skip with coordination \_\_\_\_\_

Ride a bike: Three-wheeler \_\_\_\_\_ Training wheeler \_\_\_\_\_ Two-wheeler \_\_\_\_\_

Fine Motor Milestones (age of mastery, if applicable):

Used writing utensils \_\_\_\_\_ Toilet trained: Day \_\_\_\_\_ Night \_\_\_\_\_  
Used eating utensils \_\_\_\_\_ Fasten clothing \_\_\_\_\_ Tie shoes \_\_\_\_\_

Is he/she left-handed or right-handed? \_\_\_\_\_ Does he/she change from hand to hand? \_\_\_\_\_

Please describe any areas of concern (i.e. fine or gross motor, balance)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_



## **Social / Emotional / Behavioral History:**

Does your child exhibit any distinctive behavioral characteristics? If yes, please describe.

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Does your child play well with siblings?

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Does your child prefer to play alone?

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Does your child prefer to play with peers who are: (Please check one)

- Older       Younger       Same Age

Is your child aware of his/her difficulties?

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What are your child's favorite activities?

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What methods of discipline are used?

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What are your child's reactions to discipline?

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Who is usually responsible for discipline?

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Please check all that apply to your child:

- |                                                                   |                                                   |
|-------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Quiet                                    | <input type="checkbox"/> Happy                    |
| <input type="checkbox"/> Sensitive to change in routine           | <input type="checkbox"/> Sensitive to loud noises |
| <input type="checkbox"/> Daydreams                                | <input type="checkbox"/> Withdrawn                |
| <input type="checkbox"/> Irritable                                | <input type="checkbox"/> Aggressive               |
| <input type="checkbox"/> Sensitive to certain clothing / textures | <input type="checkbox"/> Unusual fears            |
| <input type="checkbox"/> Dislikes being touched                   | <input type="checkbox"/> Hyperactive              |
| <input type="checkbox"/> Resistant to change                      | <input type="checkbox"/> Affectionate             |
| <input type="checkbox"/> Repetitive behaviors (e.g. flapping)     | <input type="checkbox"/> Food aversions           |
| <input type="checkbox"/> Head banging                             | <input type="checkbox"/> Biting / hair pulling    |

Other: \_\_\_\_\_

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Child's Name: \_\_\_\_\_



### **Educational History:**

Name of current school placement and grade/class? \_\_\_\_\_

In your child's classroom, what is the number of: Teachers \_\_\_\_\_ Students \_\_\_\_\_

Does your child prefer to play with peers who are: (Please check one)

- Older
- Younger
- Same Age

Has he/she repeated any grades? If so, which? \_\_\_\_\_

With what area(s) has your child had particular difficulty? \_\_\_\_\_

With what area(s) does your child excel? \_\_\_\_\_

Has your child had special help through the school? If so, describe. \_\_\_\_\_

How does he/she feel about school? \_\_\_\_\_

Do you think your child's teacher likes him/her? \_\_\_\_\_

Does the teacher describe your child with any of the following comments (please check):

- Cannot follow directions
- Seems to be daydreaming
- Cannot sit still
- Picks on other children
- Is aggressive
- Is sneaky
- Learns best using multi-sensory approach
- Learns best through auditory approach
- Learns best visually
- Has a difficult time expressing his/her thoughts
- Doesn't seem to comprehend what's said
- Cannot complete tasks

Other: \_\_\_\_\_

#### **Other Schools Attended:**

Please list all schools (including preschools) your child has attended, including dates and reasons for withdrawal.

Name of School	Grades	Dates Attended	Reason for Withdrawal

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Child's Name: \_\_\_\_\_



## **Medical History:**

Child's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Does your child have any allergies? If yes, what types? \_\_\_\_\_

Please list any illnesses/injuries your child has had that led to hospitalization or extensive care (e.g. prolonged fever, concussions, broken bones, seizures, surgeries, etc.):

Does your child have any long-term medical conditions for which he/she is now being or has been treated?

Does your child take any medications regularly? If so, what medication and for what condition?

Has your child had frequent colds or ear problems? If yes, please list about how many and the treatment provided. (Were P.E. tubes inserted? When?)

Has your child had a vision test? If so, where and when? What were the results?

Has your child has a hearing test? If so, where and when? What were the results?

Has your child had a neurological examination? If so, where and when? What were the results?

Has your child had a psychological examination? If so, where and when? What were the results?

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Child's Name: \_\_\_\_\_



**Medical History:** (continued...)

Has your child had a recent medical examination? If so, where and when? What were the results?

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Other Professionals:

List other professionals (speech/language pathologists, psychologists, psychiatrists, neurologists, tutors, educational diagnosticians, etc.) your child has seen in the past or is currently seeing:

Name	Telephone Number	Dates Under Care	Current Appointment Days & Times	Reason for Seeing

Please use this area for any additional comments or concerns:

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Child's Name: \_\_\_\_\_



## Authorization for Request/Release of Information

I hereby authorize Texas Autism Academy to REQUEST/RELEASE information which may be helpful in providing services for my child (full name), \_\_\_\_\_.

Below are the persons, agencies, and schools that Texas Autism Academy may contact:

#	Name	Address	Telephone #
1.			
2.			
3.			
4.			
5.			

I understand any information obtained is strictly confidential and privileged.

Parents or Legal Guardians:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*A copy of this instrument is as valid as the original.*

*Texas Autism Academy does not discriminate on the basis of a child's race, gender, creed, or religious beliefs.*