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? _____

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		
Name	Age	Relationship	Name	Age	Relationship

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? ☐ Yes ☐ No
If yes, please complete the following to briefly describe the difficulty:

Biological Father's Family History

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

Difficulties in speech and/or language development? _____

Medical conditions? _____

Difficulties in school? _____

Biological Mother's Family History

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

Difficulties in speech and/or language development? _____

Medical conditions? _____

Difficulties in school? _____

Sibling's History

Difficulties in speech and/or language development? _____

Medical conditions? _____

Difficulties in school? _____

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 you child do any thumb sucking? _____ For how long? _____

Did your child use a pacifier? _____ For how long? _____

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. _____

Does your child play well with siblings? _____

Does your child prefer to play alone? _____

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? _____

What are your child's favorite activities? _____

What methods of discipline are used? _____

What are your child's reactions to discipline? _____

Who is usually responsible for discipline? _____

Please check all that apply to your child:

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- ☐ Withdrawn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

Other: _____

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

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?

Medical History: (continued…)

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

_____

_____

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:

_____

_____

_____

_____

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.