



Conductive Learning Center
of Greater Cincinnati

New Student Application

(Print form, complete and send to address at bottom of application)

Please note:

- Submission of forms does not equate to acceptance in program.
- The Conductive Learning Center of Greater Cincinnati will notify you as to acceptance into the program.

APPLYING FOR SESSION:

_____ Fall Session (Begins Sept 2007)
_____ Winter Session (Begins January 2008)

CHILD'S PERSONAL INFORMATION:

Name: _____
Gender: _____
Child resides with: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____
Address (if different from child): _____
Home Phone: _____ Cell: _____ Work: _____
Email address: _____

Father's Name: _____
Address (if different from child): _____
Home Phone: _____ Cell: _____ Work: _____

Siblings:

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

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 or other services; how often):

Is there any past participation in Conductive Education programs?
(When/where):

Other information/comments you would like to share:

PARENT/GUARDIAN OBSERVATIONS

1. Describe your child's daily routine

Weekdays:

Weekends:

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 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, etc):

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.

PRESENT PHYSICAL CONDITION

1. Lying position

Is he/she able to:

lift head

roll over

crawl

2. Sitting position

Is he/she able to:

sit on floor

sit in chair Supported or unsupported? _____

3. Standing position

Is he/she able to:

stand up from the floor?

If so, describe:

stand Supported or unsupported? _____

4. Walking

Is he/she able to take steps? Yes No

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?

GENERAL QUESTIONS

1. What goals do you have for you child?
2. Do you expect to reach these goals with Conductive Education?
3. How did you hear about the Conductive Learning Center of Greater Cincinnati?

This application has been completed by:

Name: _____

Relationship: _____

Email: _____

Please mail at least one full body photograph of your child and any medical or educational reports, etc that will be helpful to :

Conductive Learning Center of Greater Cincinnati
P.O. Box 54396
Cincinnati, Ohio 45254-0396

Further contact will be made with you regarding assessment dates. If you will not be able to travel to the Greater Cincinnati area, call us at 513-231-0457 for VIDEO ASSESSMENT GUIDELINES.

Thank You.