



Minds in Motion Academy

Admissions Checklist for Parents

All history forms, fees and documents are submitted to the Admissions Office.

Your final application must include the following for consideration:

- 1. A \$100.00 Application Fee, non-refundable

- 2. A Completed Student History Form

- 3. Copies of the most recent educational, psychological, speech and language, and occupational therapy evaluations

- 4. Progress reports from all current therapists, counselors and/or tutors

- 5. Confidential Academic Teacher Recommendation

- 6. Current IEP, if applicable, or home program

- 7. Records Release / Contact Form

- 8. Other _____

Please **do not** submit original copies of reports or documents.

II: MEDICAL HISTORY

A. EARLY DEVELOPMENT

Birth: Length of pregnancy: _____ months Length of Labor: _____ hours

Significant illness or accidents during pregnancy: _____

Describe anything unusual about the delivery: _____

Were developmental milestones age appropriate? _____ If not, explain: _____

Describe any chronic medical condition, including allergies: _____

List operations, serious illnesses or injuries with approximate dates: _____

A. CURRENT DEVELOPMENT

Pediatrician or Family Physician: _____

Address: _____ Phone: () _____

Date of last physical exam: _____ Significant results: _____

Date of last hearing test: _____ Examiner: _____

Describe any auditory problems: _____

Date of last vision test: _____ Examiner: _____

Describe any vision problems: _____

If your child wears glasses, when are they to be worn? _____

Medication presently prescribed for child and condition being treated: _____

Name of physician prescribing medication: _____

Medication previously used by child and significant condition treated: _____

Describe your child's eating habits: Good Average Poor

Describe your child's sleeping habits: Restful Restless Time to bed: _____ Time arises: _____

Describe general health of other members of the family: _____

Please fill out the following checklist. Indicate if your child shows any of the following types of behavior at home or at school.

Mark with an "H" for home, "S" for school and "B" for both.

_____ temper tantrums	_____ shyness	_____ physical aggressiveness
_____ stuttering	_____ nervousness	_____ difficulty sleeping
_____ nail biting	_____ prevaricates	_____ highly distractible
_____ awkwardness	_____ sucking thumb	_____ hyperactivity
_____ defiance	_____ poor memory	_____ clings to objects
_____ daydreams	_____ exaggerates	_____ other: _____

Please answer all the questions. Beside each item, indicate the degree of the problem with a check mark.

	Not At All	Just a Little	Pretty Much	Very Much
1. Restless in the “squirmy” sense _____				
2. Makes inappropriate noises when (s)he shouldn’t _____				
3. Demands must be met immediately _____				
4. Acts “smart” (impudent or sassy) _____				
5. Temper outbursts and unpredictable behavior _____				
6. Overly sensitive to criticism _____				
7. Distractibility or attention span a problem _____				
8. Disturbs other children _____				
9. Daydreams _____				
10. Pouts and sulks _____				
11. Mood changes quickly and drastically _____				
12. Quarrelsome _____				
13. Submissive attitude toward authority _____				
14. Restless, always “up on the go” _____				
15. Excitable, impulsive _____				
16. Excessive demands for teacher’s attention _____				
17. Appears to be unaccepted by group _____				
18. Appears to be easily led by other children _____				
19. No sense of fair play _____				
20. Appears to lack leadership _____				
21. Fails to finish things (s)he starts _____				
22. Childish and immature _____				
23. Denies mistakes and blames others _____				
24. Does not get along well with other children _____				
25. Uncooperative with classmates _____				
26. Easily frustrated in efforts _____				
27. Uncooperative with teachers _____				
28. Difficulty in learning _____				

III: EDUCATIONAL HISTORY

Please complete the following chart beginning with the most recent school listed first

SCHOOL NAME / LOCATION	DATES ATTENDED	GRADES

Was your child’s entrance into kindergarten delayed? Yes No

Has your child been kept back at any grade level? Yes No If yes, which level? _____

Why? _____

Is your child currently receiving Special Education services? Yes No

If yes, what is the Disability Clarification? _____ Amount of Service: _____

Does he/she have a current IEP? Yes No Does he/she have a current 504 plan? Yes No

Has he/she received Special Education services in the past? Yes No Dates: _____

Indicate with a check mark areas of difficulty:

- | | | | |
|---------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> speech | <input type="checkbox"/> reading | <input type="checkbox"/> arithmetic | <input type="checkbox"/> writing |
| <input type="checkbox"/> spelling | <input type="checkbox"/> fine motor | <input type="checkbox"/> gross motor | <input type="checkbox"/> attention |
| <input type="checkbox"/> organization | <input type="checkbox"/> work/study habits | <input type="checkbox"/> time management | |

Describe your child’s attitude toward school: _____

IV: DIAGNOSTIC INFORMATION: (Please complete applicable items)

Date of most recent **educational evaluation**: _____ Examiner: _____

Address: _____ Phone: _____

Date of most recent **psychological evaluation**: _____ Examiner: _____

Address: _____

Date of most recent **neurological evaluation**: _____ Examiner: _____

Address: _____

Date of most recent **psychiatric evaluation**: _____ Examiner: _____

Address: _____

Date of most recent **speech/language evaluation**: _____ Examiner: _____

Address: _____

Date of most recent **occupational therapy evaluation**: _____ Examiner: _____

Address: _____

V: SERVICES

Please complete the following information concerning professionals (tutors, therapists, psychiatrists, psychologists) **currently working with your child:**

SERVICE PROVIDED	NAME OF PROVIDER	FREQUENCY

Please complete the following information concerning professionals (tutors, therapists, psychiatrists, psychologists) **you have worked with in the past:**

SERVICE PROVIDED	NAME OF PROVIDER	FREQUENCY

VI: CHILD'S INTERESTS

Describe your child's hobbies: _____

Kinds of games and recreation (s)he likes: _____

Does your child prefer to play with children his own age? _____ Younger? _____ Older? _____

Approximate number of hours per week your child watches TV: _____

Favorite TV programs: _____

Do you read to your child? Yes No

Does your child read independently for pleasure? Yes No

Favorite books: _____

Describe the child's musical interests: _____
