THE PARISH SCHOOL

Application

Date:_____ School Year Applying: _____

Information Provided By: _____

Child's Name:_____
First Middle Last Name Called

Address:_____ City:_____ State:_____ Zip Code:_____

Birth Date:_____Age:_____Gender:_____

Parent 1: _____Date of Birth:_____

Address:_____ City:_____ State:_____ Zip Code:_____
(if different)

Contact Numbers: Home:_____Work:_____Cell#: _____

Email Address: _____

Occupation:_____ Employer:_____

Education:_____

Parent 2: _____Date of Birth:_____

Address:_____ City:_____ State:_____ Zip Code:_____
(if different)

Contact Numbers: Home_____Work_____Cell#:_____

Email Address: _____

Occupation:_____ Employer:_____

Education:_____

Marital Status of Parents: married☐ divorced☐ separated☐ widowed☐ remarried☐

Who has legal custody of this child?_____

Confidential and Privileged

Don't just grow. Thrive!

11001 Hammerly Blvd. | Houston, TX 77043 | Phone: 713.467.4696 | Fax: 713.467.8341 | www.parishschool.org

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? _____

Who referred you to The Parish School?_____

FAMILY HISTORY:

Is there a family history of speech, language, or learning difficulties?_____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, nephews)

Difficulties in Speech/Language Development:

Medical Conditions:

Difficulties in School:

Biological Mother's Family History: (include mother's history, her brothers and sisters, nieces, nephews)

Difficulties in Speech/Language Development:

Medical Conditions:

Difficulties in School:

Child's name: _____

Sibling's History:

Difficulties in Speech/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?_____How long?_____

Any feeding difficulties? How long?_____

Any sleeping difficulties? How long?_____

Did your child do any thumb sucking?_____For how long?_____

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

Child's name: _____

Early Childhood:

Language/Social Communication Milestones (age of onset)

Smiles at another _____ Babbling _____ Maintains eye gaze_____

Imitation_____Two or three word phrase_____ 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 ☐ older, ☐ younger or ☐ same age peers? (Please check one)

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 (i.e. flapping)
☐ Head Banging
☐ Happy
☐ Sensitive to loud noises
☐ Withdrawn
☐ Aggressive
☐ Unusual Fears
☐ Hyperactive
☐ Affectionate
☐ Food Aversions
☐ Biting/Hair Pulling

Other:_____

EDUCATIONAL HISTORY:

Name of current school placement and grade/class:_____

In your child's classroom, what is the number of: Teachers_____ Students_____

Child's name: _____

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

Other Schools Attended:

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

Name of School	Grades	Dates Attended	Reason for Withdrawal

Child's name: _____

MEDICAL HISTORY:

Child's Physician:_____Telephone #:_____

Does your child have allergies? If yes, what types?_____

_____

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

_____

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

_____

Does your child take any medication 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 had 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?

_____

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

_____

Child's name: _____

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 In The Past	Current Appointment Days & Times	Reason for seeing

Please use this area for any additional comments or concerns:

THE PARISH SCHOOL

AUTHORIZATION FOR REQUEST/RELEASE OF INFORMATION

I hereby authorize The Parish School and The Carruth Center to **REQUEST/RELEASE** information which may be helpful in providing services for my child (full name),

_____.

Below are the persons, agencies and schools that The Parish School 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.
The Parish School does not discriminate on the basis of a child's race, gender, creed or religious beliefs.