



Application for Admission

Child's Name: _____ Date of Birth _____

Race/Ethnicity: _____ Age _____ Grade _____

Parent's Name(s): _____

Others currently living in the household:

Name	Age	Relationship to Child	Grade/Occupation
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Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone (s): _____

Cell Phone (s): _____ Cell Phone (s): _____

Email Address(es): _____ Email Address(es): _____

Best person and way to contact you: _____

Emergency Contact Name and number: _____

Relationship to Client: _____

Permission to pick up? _____

Referred by: _____

Medical Information

Diagnosis _____ Date _____ Physician _____

Diagnosis _____ Date _____ Physician _____

Name of Medication	Dates	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any family history of substance abuse, developmental disabilities or mental health conditions (include grandparents, aunts, cousins, etc)?

Please describe any family stressors (e.g., financial, divorce, marital, illness)

Describe your or your child's current physical health condition

Describe your or your child's current emotional health

Educational and Therapeutic

Please list name of past and current therapists/treatment centers/hospitalizations

Name of therapist/location

Dates/frequency

Please describe the educational background. What schools did he/she attend, beginning with the first school, and during what time frames?

Please describe what difficulties your child is or has experienced at school or areas of need (i.e., specific subjects, classroom environment, behavioral, homework, relationships with teachers/other students, etc.). Please indicate how long these difficulties have been a concern

Please describe any special education, behaviors plans, accommodations, and/or other interventions your child has received. Please include a most recent IEP if applicable.

Please describe your child's social functioning (i.e., in friendships, group activities, social groups, neighborhood etc.)

Please describe your child's verbal functioning:

Please describe some of your child's strengths and interests here:

Insurance Provider _____ **ID #** _____

Interested in:

- | | |
|--|--|
| <input type="checkbox"/> ABA therapy | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> School Programs |
| <input type="checkbox"/> Educational Support | <input type="checkbox"/> Consultations |
| <input type="checkbox"/> Parent Training | <input type="checkbox"/> Other _____ |

Please include any other relevant information you'd like to share:

For Office Use Only

Date Application Rec'd _____ Application Fee Rec'd _____

Reports Red'd _____