



**PLACE
PHOTO
HERE**

A \$150
Application Fee
(non-refundable)
must accompany
this application

Capitol School of Austin

Student Name: _____ Birthdate: _____

Current Grade (if applicable): _____ Date: _____ Info Provided By: _____

This application is for: Immediate enrollment Fall Spring Summer

APPLICATION CHECKLIST

- Application
- Application Fee (\$150)
- One Teacher Recommendation Form
If enrolled in group previously or currently
- School Records
 - Full & Initial Evaluation (FIE)
 - Speech Language Evaluations, Current Report Card (if applicable)
- Release of Records
- Evaluation and/or Progress Reports from:
 - Speech Language Pathologist
 - Educational Diagnostician
 - Neurologist
 - Physical/Occupational Therapist
 - Psychologist

FOR OFFICE USE ONLY
Date Received: _____ Payment Received: _____

STUDENT IS APPLYING AS A PEER MODEL

Students who apply must meet these criteria first:

- The student must have a documented language and/or learning disability
- The student must demonstrate average to above-average IQ
- The student's enrollment will have a positive or neutral effect on the school community and learning experiences of other students, rather than a negative one.

WHO WE SERVE:

CSA can best help students with a variety of language and learning disabilities, including:

- Mixed receptive/expressive language disorders
- Speech Disorders (including Apraxia)
- ADD/ADHD
- Dyslexia
- Dysgraphia
- Auditory Processing Disorders
- Executive Functioning Issues
- Dyscalculia
- Low Academic Self-confidence

CSA is NOT equipped to help students who have:

- Limited intellectual functioning
- History of violence or aggression
- Emotional disturbance or mood disorder
- Moderate to severe autism
- Significant behavioral or emotional issues



Application for Enrollment

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: _____
FIRST MIDDLE LAST PREFERRED

Address: _____ City/State: _____ Zip: _____

Present School: _____ Grade: _____ District: _____

PARENT 1

PARENT 2

Name _____

Address _____

City/State/Zip _____

Phone C: _____ W: _____ H: _____ C: _____ W: _____ H: _____

Email _____

Occupation _____

Employer _____

Level of Education _____

Marital Status: Married Divorced Separated Widowed Remarried Domestic Partner Cohabiting

Your child's legal custodian: _____ Is your child adopted? At what age? _____ Is your child aware of this? _____

List other occupants in your child's home:

HOUSEHOLD 1

HOUSEHOLD 2

Name _____

Age _____

Relationship _____

Y N
 Is there any language other than English spoken in the home? If so, which language? _____

Does your child understand or speak the language?

How did you hear about CSA? Facebook Google CSA Website Friends/Family Professional Other: _____

EVALUATIONS:

If any of the following evaluations have been administered to your child, indicate the date and name of the administering test professional and request that reports be sent to us.

Y N
 CSA has my permission to contact the professionals I have listed here.
 _____ **« Initial**

*Full & Initial Evaluation: A current speech-language evaluation and/or latest FIE from the public school (within past 12 mo.) is required for all new school-age applications 2nd-4th grade.

**An educational evaluation is required for all new school-age applications 1st grade and higher.

	DATE	PROFESSIONAL
1. Speech and Language Evaluation*	_____	_____
2. Educational Evaluation**	_____	_____
3. OT/PT Assessment	_____	_____
4. Neurological Evaluation	_____	_____
5. Vision/Hearing Evaluation	_____	_____
6. Medical Evaluation	_____	_____
7. Psychological/Play Therapy Evaluation	_____	_____



Case History

Child's Name: _____ Date of Birth: _____

Describe your child's speech/language/learning difficulty.

Family History

Is there a family history of speech, language or learning difficulties? If so, explain:
(please include aunts, uncles, cousins and grandparents of child)

History Unknown

Birth History

What was the general state of the mother's health during pregnancy? _____

List any substances used during pregnancy (medication, alcohol, tobacco): _____

Delivery: C-Section Anesthesia Inducement Very long labor Very short labor Instruments used

- Y N**
- Was weaning a problem? Age off bottle/breast: _____
 - Full Term? Weight: _____
 - Was birth normal? If not, explain: _____
 - Illness during pregnancy? If yes, describe: _____
 - Did your child have trouble breathing after birth? If yes, describe: _____
 - Did your child come home from hospital with the mother? If not, why? _____
 - Any feeding difficulties? Describe: _____
 - Any difficulties sleeping? How long? Describe: _____
 - Did/does your child engage in thumb sucking? How long? _____
 - Did/does your child use a pacifier? How long? _____



Developmental Data

Speech Language Milestones

Did your child: Smile at others Babble Imitate gestures/sounds Maintain eye gaze

Age of: First words: _____ 2-3 word phrase: _____ First sentence: _____

When was speech/language problem first noticed? _____ By whom? _____

How much of your child's speech can family understand? _____

How much is understood by other adults? _____

Previous Speech Therapy? _____

Describe any other areas of concern (articulation, receptive/expressive language, social pragmatic language).

Motor Milestones: FINE MOTOR:

Does your child dress his/herself:

Completely Partially Not at all

Age toilet trained? _____ Day? _____ Night? _____

Problems training? If so, explain: _____

Which hand does your child use to eat? _____ To draw: _____ To write: _____ To throw a ball: _____

Y N

Is your child a "picky" or fussy eater now?

Any difficulty chewing or swallowing?

Do you feel your child is "clumsy" or falls frequently?

Describe any other areas of concern (fine or gross motor, balance, coordination).

GROSS MOTOR:

What age did your child:

_____ Sit alone

_____ Crawl

_____ Walk alone

_____ Run smoothly

_____ Climb playground equipment

_____ Jump with both feet

_____ Skip

Ride bike:

_____ Three-wheeler

_____ Two-wheeler

_____ Training wheels

Social/Emotional/Behavioral

Y N

Does your child play well with siblings or friends?

Does your child prefer to play alone?

Does your child prefer: Older Younger Same-age peers

Who is usually responsible for discipline? _____

What methods of discipline are used and how does your child react to discipline? _____

Describe any other areas of concern (behaviorally/socially/emotionally). _____



Medical History

Please list any illnesses or conditions for which your child received in-depth medical attention (do NOT list routine illnesses).

Illness/Condition _____
Date _____

Y N
 Does your child have any long-term medical conditions for which he/she is currently being treated? If so, explain:

PRIMARY PHYSICIAN: _____ PHONE: _____

- Does your child have food allergies? If so, list: _____
- Does your child have seasonal allergies?
- Does your child have frequent colds? If so, how often? _____
- Does your child take medication regularly? If so, what? _____
- Has your child had his/her hearing tested? If so, when? Results? _____
- Has your child had his/her vision tested? If so, when? Results? _____
- Does your child have PE tubes? Is your child's general health: Poor Good Excellent
- Has your child had a neurological exam? If so, when? Results? _____
- Has your child had a psychological exam? If so, when? Results? _____

Education History

Name of current school placement and grade/class: _____

In your current placement, what is the number of: _____ Teachers _____ Students

Please list any other schools/programs (including preschool) your child has attended:

SCHOOL/PROGRAM	GRADE/CLASS	DATES ATTENDED	REASON FOR WITHDRAWAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child repeated any grades or been held back in a younger classroom? If so, which and why? _____

In what area(s) does your child excel? _____ Find difficult? _____

- Y N
- Has your child received any interventions to help with difficult areas? If yes, describe: _____
 - Does your child seem to enjoy school?
 - Does your child's teacher seem to enjoy him/her?
 - Does your child seem to have friends at school?



(EDUCATION HISTORY CONTINUED)

Does your child's teacher report any of the following behaviors:

- Hard time paying attention
- Cannot sit still
- Repetitive behavior
- Will not follow directions
- Sensitivity to changes in routine
- Does not seem to comprehend what is being said
- Is physical with other kids
- Bothers or bullies other children
- Aggressive behavior
- Does well with visual material
- Has difficulty expressing thoughts
- Cannot complete tasks

General Information

What are your child's favorite activities? _____

Describe any behavior which is a problem to the parents: _____

Please check personality traits or behaviors that describe your child:

- Looks happy
- Appears sad
- Non-compliant
- Shows repetitive behaviors (*i.e. flapping*)
- Even tempered
- Is withdrawn
- Resistant to change
- Cries frequently
- Very active
- Aggressive to others
- Sensitive to loud noises
- Distractible
- Has trouble sleeping (*nightmares*)
- Friendly/outgoing
- Irritable
- Seems unusually fearful
- Dependent on adults
- Calm & quiet
- Very independent
- Sensitive to certain textures/clothing
- Throws/breaks
- Dislikes being touched
- Screaming/tantrums. How often? _____
- Self-injurious

- Y N**
- Has child ever been tested or diagnosed with ADD/ADHD? By whom and when? _____
 - Is child currently taking medication for attention difficulties? If so, what? _____
 - If not currently medicated, are you willing to seek pharmacological intervention? _____



Authorization for Request/Release of Information

I hereby authorize Capitol School of Austin to request/release information which may be helpful in providing services for my child (full name), _____.

Below are the persons, therapists, and agencies that Capitol School of Austin may contact:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that any information obtained is strictly confidential and privileged.

Parents or Legal Guardians:

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____

A COPY OF THIS AGREEMENT IS AS VALID AS THE ORIGINAL
CAPITOL SCHOOL OF AUSTIN DOES NOT DISCRIMINATE ON THE BASIS OF A CHILD'S RACE, GENDER, CREED OR RELIGIOUS BELIEFS.

Educational Release:

Information from your student's school is necessary in determining possible class placement. Please complete the release below. We must have complete information in order to process this release.

To: Name of School: _____ School District: _____
 Teacher's Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Child's Name: _____ Date of Birth: _____ Grade: _____

CSA REQUESTS PSYCHO-EDUCATIONAL, ACADEMIC AND/OR OTHER INFORMATION ON THE ABOVE NAMED CHILD.

_____ Has my permission to release any information on my child to Capitol School of Austin.
NAME OF SCHOOL

Parent/Guardian Signature: _____ Date: _____

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