LearningSpring School

247 East 20th Street
New York, N.Y. 10003
Phone: 212-239-4926/Fax: 212-239-5226
Web: www.learningspring.org Email: whar@learningspring.org

ADMISSIONS PROCEDURE

Please return this checklist along with the following documents for your child to be considered for admission to LearningSpring School.

- ☐ Application for Admission
- ☐ Photograph of Applicant
- ☐ Application Processing Fee ($50 non-refundable fee)
- ☐ Applicant's most recent Individualized Education Program (IEP)
- ☐ Psychological/Psycho-Educational Evaluation
- ☐ Speech and Language Evaluation
- ☐ Occupational Therapy Evaluation
- ☐ Related Service Provider Reports
- ☐ Educational/Teacher Progress Reports

PLEASE NOTE: All of the above items are required before an application can be reviewed by the admissions coordinator.

Upon receipt, the admissions coordinator will review application, evaluations and reports. If student appears to be appropriate, an appointment for observation will be scheduled at your child's current school setting. You will be informed of this date.

Following this initial observation, the Admissions Team will determine if your child will be invited in to be observed by the classroom and admissions team. This observation will better determine if your child's needs will best be served at LearningSpring.

Once all applicants have been observed, parents will be notified if we have an appropriate class grouping to meet your child's needs.

Please email whar@learningspring.org if you have any specific questions.

LearningSpring School

Applicant's Name: _____

Address: _____

_____

Telephone: _____

Date of Birth: _____ **Age:**_____

CSE #: _____ **NYC ID/OSIS #:**_____

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian
☐ Hispanic/Latinx ☐ Native American ☐ Pacific Islander
☐ Prefer Not to Answer ☐ Other_____

ATTACH CURRENT PHOTO HERE

LearningSpring School (LSS) affirms a policy of nondiscrimination and admits students of any religion, race, sexual orientation, or national origin to all rights, privileges, programs, and activities generally accorded or made available to students at LSS, and further states that LSS does not discriminate on the basis of religion, race, sexual orientation, or national origin in the administration of it's educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Applicant's Name: _____

Parent/Guardian Name:	**Parent/Guardian Name:**
_____	_____
Address: _____	**Address:** _____
_____	_____
Telephone: _____	**Telephone:** _____
Occupation: _____	**Occupation:** _____
Employer: _____	**Employer:** _____
Address: _____	**Address:** _____
_____	_____
Telephone (wk): _____	**Telephone (wk):** _____
Email Address: _____	**Email Address:** _____
_____	_____

SIBLINGS:

Name: _____ **Age:** _____ **School:** _____

Name: _____ **Age:** _____ **School:** _____

Name: _____ **Age:** _____ **School:** _____

OTHER INDIVIDUALS: (Relatives, childcare giver, housekeeper)

Name: _____ **Age:** _____ Relationship/Position: _____

Name: _____ **Age:** _____ Relationship/Position: _____

Applicant's Name: _____

DIAGNOSIS:

Has your child been evaluated/diagnosed? _____

By Whom? _____ What is the diagnosis? _____

Does your child know about his/her diagnosis? _____yes _____no

If yes, how has this been presented to your child, and how does he/she respond to this information?

_____

_____

REFERRAL AND PROFESSIONAL INFORMATION:

Who referred you to LearningSpring School?

Name: _____ **Telephone: _____**

Address: _____ **Relationship to Child: _____**

*** Please list any professionals currently working with your child and/or family on a regular basis. By providing this information, you are giving your consent for LearningSpring School to contact these individuals.**

Name: _____ **Telephone: _____** **Specialization: _____**	**Name: _____** **Telephone: _____** **Specialization: _____**
Name: _____ **Telephone: _____** **Specialization: _____**	**Name: _____** **Telephone: _____** **Specialization: _____**

Applicant's Name: _____

SOCIAL/FAMILY HISTORY:

-At what age did you suspect your child was not developing appropriately? _____

-Please describe some of the behaviors that led you to seek advice? _____

_____

-Have any other relatives been diagnosed? _____ If so, with what? _____

-What is that person's relationship to your child? _____

-Have there been any important life events (move, divorce, illness, death, etc.) in your family that may have affected your child? If so, when did they occur, how did they affect your child, and how were they dealt with?

_____

_____

-Does your child have any history of chronic illness and/or hospitalization? _____

-How does your child respond to the following?

	No Reaction	Appropriate Reaction	Exaggerated Reaction
• **Unexpected change to familiar routines**	☐	☐	☐
• **Changes in activities without preparation**	☐	☐	☐
• **Interruption to a highly favored activity**	☐	☐	☐
• **Stopping a task before it is finished**	☐	☐	☐
• **Using familiar objects in novel/different ways**	☐	☐	☐

-How does your family set limits at home? What types of discipline are used?

_____

_____

_____

Applicant's Name: _____

-At what age did your child :

Sit up_____ Stand_____

-Is your child toilet trained? _____

-Please describe your child's sleeping habits: _____

_____

-Please describe your child's eating habits: _____

_____

SENSORY:

-Is your child overly sensitive to sound (s)? Yes_____ No_____

What types?_____

What does he/she do? _____

-How does your child react to:

Groups of 3-6_____

Groups of 8-12_____

Groups of 12-25_____

-Is your child sensitive to touch? Yes_____ No_____

Bothered by clothing labels? _____

Exaggerated reaction to being touched or bumped? _____

Displays anxiety/aggression when touched? _____

-Does your child have food allergies? _____

_____

-Does your child have any other sensory issues? (taste, smell, sound, etc.) Please explain:

_____

_____

Applicant's Name: _____

LANGUAGE DEVELOPMENT:

-What languages are spoken at home? _____

-What is your child's primary language? _____

-At what age did your child first begin to babble? _____

Imitate sounds? _____

-What is your child's primary means of communication? (ex. if necessary)

Gestures: _____ 2 or more words: _____

Sounds: _____ Sentences: _____

Single Words: _____ Combination: _____

-What were your child's first words?_____

At what age? _____

-Do strangers understand your child's language? _____

-Does your child repeat words or phrases? Yes _____ No _____

Are they:

_____The same words Example: _____

_____The same topic Example: _____

_____Echoing what was heard Example: _____

-Does your child use language to make needs known?

Words _____ Phrases _____ Sentences _____

-Does your child have difficulty expressing his/her ideas in a logical manner? Can he/she tell a story?

_____

_____

Applicant's Name: _____

Name & Location of School	Years Attended	Type of Program & Student Progress

-Has your child received intervention services? How many hours?

EI_____ OT_____

ABA_____ PT_____

SEIT_____ Speech_____

-What was your child's first reaction to school?_____

_____

-Is your child motivated to learn?_____

_____

-What academic area(s) of school has given your child the most difficulty?_____

_____

_____

-Is the completion of homework a problem? Yes_____ No_____

-If yes, what are the issues and what strategies have been attempted? _____

_____

<u>EVALUATION OF YOUR CHILD'S ACADEMIC ABILITIES:</u>

Strengths:_____

_____

Weaknesses:_____

_____

Study/Work Habits:_____

_____

Organizational Skills:_____

_____

Applicant's Name: _____

SOCIAL/EMOTIONAL/BEHAVIORAL DEVELOPMENT:

PERSONALITY: (Please check all that apply)

_____Happy _____Shy _____Easy-Going _____Angry

_____Loving _____Lively _____Worrisome _____Insistent

_____Talkative _____Distractible _____Eager to please _____Irritable

-Is your child anxious? _____Seldom _____Sometimes _____Frequently _____Always

-What makes him/her anxious? _____

_____

-Does he/she do better: _____At home _____At School _____With Adults

_____Peers _____One on One _____Groups

-What are your child's interests?

_____

_____

-What are your child's favorite activities?

_____

_____

BEHAVIOR: (Please check all that apply)

_____Impatient _____Withdraws _____Listless/Tires Easily

_____Tantrums _____Pushes _____Verbally Aggressive

_____Impulsive _____Seeks Isolation _____Pinches/Bites

_____Easily Agitated _____Clumsy _____Shakes/Flaps Extremities

_____Boisterous _____Passive/Withdrawn _____Talks Excessively

_____Yells at Inappropriate times _____Inappropriate Behavior in Public _____Low Frustration Tolerance

-What makes your child upset or angry? _____

_____

_____

-How does he/she show his/her feelings? _____

_____

_____

Applicant's Name: _____

SOCIAL/EMOTIONAL COMMUNICATION:

-Does your child have friends? ____none ____1-2 ____3-5 ____more

-Play dates? ____never ____seldom ____sometimes ____frequently ____always

-Does your child prefer to play: ____alone ____w/adults ____w/peers ____w/siblings

-Is your child motivated to be social/make friends? _____

_____

-How does your child make attempts to be social or interact with peers? _____

_____

-Who does he/she play with? _____

-How do they play? _____

_____

DOES YOUR CHILD:

-Initiate reciprocal conversation with adults?

____Never ____Seldom ____Sometimes ____Frequently ____Always

-Limit conversation to his/her interests?

____Never ____Seldom ____Sometimes ____Frequently ____Always

-Listen to directions?

____Never ____Seldom ____Sometimes ____Frequently ____Always

-Respond to his/her name?

____Never ____Seldom ____Sometimes ____Frequently ____Always

-Please describe your child's strongest qualities: _____

_____

_____

-Please describe your child's greatest area of difficulty? _____

_____

_____

-What are your greatest concerns for your child at the present time? _____

_____

_____

-What are your long-term concerns and wishes for your child? _____

_____

_____

LearningSpring School

Applicant's Name: _____

Address: _____

_____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Current School: _____

Address: _____

_____

Telephone: _____ **Ext:**_____

Contact Person: _____

I hereby give permission to the LearningSpring School (LSS) to observe _____ in the school setting indicated above, and to release to LSS any reports, evaluations, or information requested.

_____ _____

Signature **Date**

_____

Printed Name

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