Transitions @ Terra Verde

Application for Admission

1000 36th Avenue SE Norman, Oklahoma 73026
Telephone: 405.366.6362 Fax: 405.928.5065
ERIC.SNYDER@TERRAVERDESCHOOL.COM

Optional:

Please attach recent photograph of applicant here

Please return Application to the Admission Office with the fee of $50.

Date of Application: _____

Applying for Grade: _____ Academic Year: _____

Applicant Information

APPLICANT

Name: _____
Last First Middle

Home Address: _____
Street City

_____
State/Country Zip/Postal Code

Telephone: (____)_____ Email: _____

Date of Birth: _____ Place of Birth: _____

Parent Information

FATHER

Name: _____
Last First Middle

Home Address: _____
(If different than applicant)

Home Telephone: (____)_____ Cell Phone: (____)_____

Email: _____

Occupation/Title: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Colleges/Universities Attended: (most recent first)

School Address Dates Attended

_____

_____

MOTHER

Name: _____
Last First Middle

Home Address: _____
(If different than applicant)

Home Telephone: (____)_____ Cell Phone: (____)_____

Email: _____

Occupation/Title: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Colleges/Universities Attended: (most recent first)

School Address Dates Attended

_____

_____

Please indicate status of parents: Married Separate Divorced Widowed

Mother: Remarried Single Deceased **Father:** Remarried Single Deceased

STEP-FATHER

Name: _____
Last First Middle

Home Address: _____
(If different than applicant)

Home Telephone: (____)_____ Cell Phone: (____)_____

Email: _____

Occupation/Title: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Colleges/Universities Attended: (most recent first)

School Address Dates Attended

_____

_____

STEP-MOTHER

Name: _____
Last First Middle

Home Address: _____
(If different than applicant)

Home Telephone: (____)_____ Cell Phone: (____)_____

Email: _____

Occupation/Title: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Colleges/Universities Attended: (most recent first)

School Address Dates Attended

_____

_____

Family History

Is there a family history of speech, language, and/or learning difficulties? YES NO

If yes, please complete the following:

If no, please go to "Home Language" on page 3

Biological Father's Family History (include father, his parents, siblings, nieces, and/or nephews)

Difficulties in Speech/Language Development:

_____

Medical Conditions:

_____

Difficulties in School:

_____

Biological Mother's Family History (include mother, her parents, siblings, nieces, and/or nephews)

Difficulties in Speech/Language Development:

_____

Medical Conditions:

_____

Difficulties in School:

_____

Biological Sibling's Family History

Difficulties in Speech/Language Development:

_____

Medical Conditions:

_____

Difficulties in School:

_____

Is any language other than English spoken in the home? YES NO

If yes, what language? _____

Does the applicant speak the language? YES NO

Does the applicant understand the language? YES NO

Birth History

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

Were any substances used by the mother during pregnancy? YES NO

If yes, please list below (including prescriptions, tobacco, alcohol, other): _____

_____

Pregnancy Complications: _____

_____

Delivery: ___ Full Term ___ Late (___ Days) ___ Premature (___ Days)

Was child a product of multiple birth? YES NO

If yes, explain: _____

Check all that apply to difficulties during delivery: ___ None (Spontaneous)

___ Anesthesia ___ Inducement ___Cesarean ___Breech ___ Use of Instruments

___ Umbilical Cord Around Neck ___ Aspiration ___Other (please explain below)

_____

Check all that apply to difficulties following delivery: ___ None

___ Incubation (how long: _____) ___ Jaundice (bilirubin lights: _____)

___ Feeding Tube ___ Colic

Birth Weight: _____ Birth Length: _____ APGAR Score: _____

Medical History

Does the applicant currently have, or have a history of, any of the following? Check all that apply:

___Diabetes - Describe: _____

___Head injury - Describe: _____

___Seizures - Describe: _____

___Allergies - Describe: _____

___Hospitalizations - Describe: _____

___Long-term medical conditions - Describe: _____

___Accident prone ___Digestive problems ___Asthma ___Frequent ear problems

___Broken bones ___Frequent eye problems

Additional explanation for any checked item(s): _____

_____

_____

_____

Current Medications:

Name: _____ Dosage: _____

Reason: _____

Name: _____ Dosage: _____

Reason: _____

Name: _____ Dosage: _____

Reason: _____

Name: _____ Dosage: _____

Reason: _____

Previous Medications:

Name: _____ Dosage: _____

Reason: _____

Name: _____ Dosage: _____

Reason: _____

Name: _____ Dosage: _____

Reason: _____

Name: _____ Dosage: _____

Reason: _____

Developmental History

Feeding difficulties as an infant/toddler? YES NO
If yes, please describe including duration: _____

_____

Sleeping difficulties as an infant/toddler? YES NO

If yes, please describe including duration: _____

_____

Social/Emotional/Behavioral History:

Does the applicant exhibit any of the following? Check all that apply:

___Apathy ___Excessive movement in sleep ___Gets up often in the night

___Slow to fall sleep ___Nightmares ___Sets fires ___Oppositional ___Sleepwalks

___Wets the bed ___Uses drugs (current or previously) ___Has been physically abused

___Takes extreme risks ___Injures others ___Disorganized ___Poor concentration

___Sucks thumb/finger ___Cruelty to animals ___Lethargy ___Self-injurious behavior

___Criminal record/encounters with law enforcement ___Memory problems

___Has been sexually abused ___Difficulty keeping friends ___Wets self ___Soils self

___Difficulty making friends ___Nervous habits/anxiety

___Other distinctive characteristics: _____

_____

Please indicate how the applicant relates to other children:

Has problems relating to or playing with other children? YES NO

If yes, describe: _____

_____

_____

Fights frequently with playmates? YES NO

If yes, describe: _____

_____

_____

Prefers playing with younger children? YES NO

If yes, describe: _____

_____

_____

Has difficulty making friends? YES NO

If yes, describe: _____

_____

_____

Prefers to play alone? YES NO

If yes, describe: _____

_____

_____

What role(s) does the applicant typically take in peer group settings? (leader, follower, teammate, etc.)

_____

What activities does the applicant enjoy? (hobbies, social groups, sports, outings, etc.)

_____

Please check all that apply to the applicant:

___Quiet ___Happy ___Sensitive to change in routine ___Sensitive to loud noises

___Daydreams ___Aggressive ___Sensitive to certain clothing/textures ___Unusual fears

___Dislikes being touched ___Hyperactive ___Resistant to change ___Affectionate

___Repetitive behaviors (i.e., flapping) ___Food aversions ___Head banging

___Biting/hair pulling ___Other sensory-seeking behaviors: _____

Early Childhood: Language/Social Communication Milestones (age of onset)

Skill	Within Normal Limits	Early	Late	Age
Smiled at others				
Babbled				
Maintained Eye Contact				
Imitated				
Used Gestures (i.e., points)				
Used 2-3 word phrases				
Used 4+ word phrases				

Please describe any areas of concern (i.e., articulation, socialization, receptive language, expressive language, echolalia "parrots" what others say): _____

_____

_____

_____

_____

Early Childhood: Gross Motor Milestones (age of mastery)

Skill	Within Normal Limits	Early	Late	Age
Held Head Up				
Sat Alone				
Crawled				
Walked				
Ran				
Jumped with Two Feet				
Climbed Stairs (rotating feet)				
Rode a Bicycle				

Please describe any areas of concern: _____

_____

_____

_____

_____

Early Childhood: Fine Motor Milestones (age of mastery)

Skill	Within Normal Limits	Early	Late	Age
Fed Self				
Dressed Self				
Toilet Trained (Day)				
Toiled Trained (Night)				
Used Eating Utensils				
Used Writing Utensils				
Fastened Clothing				
Tied Shoes				

Please describe any areas of concern: _____

_____

_____

_____

_____

Professional Services History

(Counseling, Physical Therapy, Speech-Language Therapy, Occupational Therapy, etc.)

Service	Service Provider	Location	Age During Service/Therapy	Dates

Previous Psychological or Neurological Testing (other than school evaluations)

Service	Service Provider	Location	Age During Service/Therapy	Dates

Educational History

Current Grade Level: _____

Previous School History:

School	Grade(s)	Tutoring	Special Education

In what educational area(s) does the applicant excel?

_____

_____

_____

In what educational area(s) does the applicant have difficulty?

_____

_____

_____

How does the applicant feel about school?

_____

_____

_____

Date of most recent school evaluation: _____

Date of current IEP: _____

Has the applicant been referred to the Oklahoma Department of Rehabilitation Services? YES NO

ATTACH THE FOLLOWING:

___ Copy of current IEP

___ Copy of current MEEGS/Eligibility paperwork

___ Copy of most recent evaluation

___ Referral form

___ Signed authorization for request/release of information

Are you applying for financial aid?

___Yes ___No

Who is financially responsible?

Name: _____

Address: _____

Who should receive school correspondence?

Name: _____

Address: _____

Name: _____

Address: _____

Please list any relatives who attend or who attended Terra Verde.

Name: _____

Class: _____ Relationship: _____

Name: _____

Class: _____ Relationship: _____

References: (please list three for the applicant – at least one non-related)

Name: _____

Telephone: _____ Relationship: _____

Name: _____

Telephone: _____ Relationship: _____

Name: _____

Telephone: _____ Relationship: _____

How did you learn about Transitions at Terra Verde?

_____

***Application is not complete until all components have been submitted.**