

## **PROSPECTIVE STUDENT INFORMATION**

First Name:

Last Name:

Date of Birth: MM/DD/YYYY

Gender:

School Year Applying for:

Current Grade / Program Enrolled In:

Current School Enrolled In:

Grade / Program Applying to:

## **PARENT/GUARDIAN INFORMATION**

First Name:

Last Name:

Relationship to Applicant:

Email:

Phone (Primary Contact Number):

City/State of Residence:

## **INQUIRY FORM**

**DIAGNOSIS:**

Please list any diagnoses your child has received (ex: ASD, ADHD, Genetic Disorder, etc.)

**COMMUNICATION:**

Please describe how your child communicates with you, other adults, and children (ex: with words, gestures, or a combination of both)

**INTERESTS:**

Please describe your child's interests and/or hobbies

REGULATION:

Please tell us anything your child may be sensitive to or dislikes (ex: loud noises, change in routine, bright lights, difficult tasks, social interactions, etc.)

CURRENT PLACEMENT:

Name of school your child is currently attending \*

HOW DID YOU HEAR ABOUT US:

Referral, web search, etc.