



**Centre for Developmental Disabilities**  
A Project of SOPAN under MOU with the Municipal Corporation of Greater Mumbai

**ADMISSION FORM**

Date of admission: \_\_\_\_\_

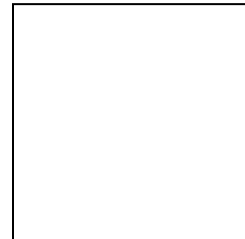
Name of the child: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Sex : \_\_\_\_\_

Mother Tongue : \_\_\_\_\_

Details of Disability : \_\_\_\_\_  
\_\_\_\_\_



**Details of the family**

Mothers' Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Fathers' Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Family Income: Less than 10,000  
10,000 to 30,000  
More than 30,000

Number of children: \_\_\_\_\_

Childs' Birth Order: \_\_\_\_\_

Religion : \_\_\_\_\_

Category : Open  Reserved  (If reserved category then Attach caste certificate)

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No. : \_\_\_\_\_

Parents'/Guardians' Signature : \_\_\_\_\_

Type of family: Joint

Nuclear

Single parent

**Family Composition (Including the student)**

Name	Relationship with student	Age

Is there a family history of any disability

Yes

No

If yes, state the relationship with the student \_\_\_\_\_

How old was the child when he/she was first observed to have a difficulty and by whom was it observed?

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Described the behavior/s observed

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What was the first step taken?

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Describe the mother's health during pregnancy. Did she have any illness/ accident during pregnancy?

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Did the mother have a normal delivery? Yes

No

If no, please explain \_\_\_\_\_

Was the delivery

Full term	<input type="checkbox"/>
Premature	<input type="checkbox"/>
Overdue	<input type="checkbox"/>

What was the weight of the child at the birth? \_\_\_\_\_

Did the child have an instant cry at the birth? \_\_\_\_\_

Child Developmental milestones (crawling, walking, holding neck, talking)

Delayed	<input type="checkbox"/>	Normal	<input type="checkbox"/>
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Has the child been examined/ assessed by medical/rehabilitation professional?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide details of treatment and recommendations:

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Has the child attended any school earlier: Yes  No

If yes, please tick: General School  Special School

Additional Information:

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