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ADMISSION FORM

Photograph

Student Details:									
Surname			Name				Middle name		
Birth Date	Day	Month	Year	Age	Year	Month	Sex	M	F
Address:									
Residential Tel. No:						Mobile No:			

Parent Details:	Father	Mother	Guardian
Name			
Age			
Education			
Occupation			
Office Address:			
Tel. No.			

Religion: _____

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

SC		ST		OBC		OTHERS	

Family Details

Joint		Nuclear		

Family Composition (including the student)

Name	Relationship with student	Age

Is there a family history of:

	Yes	No	If Yes, state the relationship with the student
Mental Retardation			
Cerebral Palsy			
Autism or any other PDD			
Epilepsy/convulsion			
Difficulty in school leading to drop out			

Does the student have any physical disability? If yes, please describe.

In a few words, describe the student and the nature of his/ her disability

Kindly attach a copy of:
1. Disability certificate
2. Birth Certificate
3. 2 passport photographs

Monthly Family Income:

Upto Rs. 5000	
Rs. 5000 – Rs. 10000	
Rs. 10000- Rs. 20000	
Rs. 20000 & above	

Name of applicant: _____

Date: _____

Signature: _____

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

2. Describe the behaviour/s observed.

3. What was the first step taken ?

DEVELOPMENTAL HISTORY

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

2. Was the mother on any medication other than those normally prescribed during her pregnancy? If yes, please mention the medication.

3. Did the mother have to take bed-rest during pregnancy?

Yes		No	

If Yes,
Why?_____

4. Did the mother have a normal delivery?

Yes		No	

   If No, please mention_____

5. Did the mother have a prolonged labor?

Yes		No	

6. Was the delivery : (please tick.)

Full Term		Premature		Overdue	

7. What was the weight of the child at the birth?

   _____

8. Did the child have an instant cry at birth?

Yes		No	

9. Did the child achieve his/ her developmental milestones (crawling, walking talking, etc.)Normally?

Yes		No	

   If   No, please explain:

10. At what age did the child :

1.	Turn	
2.	Crawl	
3.	Sit alone	
4.	Walk with support	
5.	Walk without support	

11. Did the student eat well during infancy?

Yes		No	

    If No, please explain:

12. Does the students have problem with :

Chewing	Yes	No
Swallowing		
Feeding		
Dental make-up		

If yes, please explain:

13. Is the student toilet trained?

Yes		No	

If No, can he/ she indicate the need?

Yes		No	

Additional Information you may wish top provide:

MEDICAL HISTORY

1. Does the child has any illness and is on any medication?

Yes		No	

Please specify:

Illness	Medication

2. Is the student allergic to any items such as food, medicines , etc.?

Yes		No	

Please specify:

3. Has the student ever had a serious illness or hospitalized?

Yes		No	

4. Does the student have a history of convulsions/fits?

Yes		No	

If yes, does he/she still have them?

Yes		No	

Is he/ she on any medication for the same?

Yes		No	

If yes, please specify:

5. Has the student's eyesight been tested ?

Yes		No	

If yes, please state the report in brief:

6. Has the student's hearing been tested ?

Yes		No	

If yes, state the report briefly:

7. Has the student undergone any other medical tests or assessments?

Yes		No	

If yes, state the report briefly:

8. Is the student undergoing /undergone :

		Yes	No	If yes, please provide the details
a.	Occupational Therapy			
b.	Speech/ language Therapy			
c.	Behaviour Therapy			
d.				

Additional Information you may wish to provide:

ACADEMIC HISTORY

1. Please provide the details of the workshops/schools which the student is currently attending or attended.

No.	Name	Address	Dates (from & to)	Duration	Type of intervention
1.					
2.					
3.					
4.					
5.					

Additional information you may wish to provide:

PSYCHOSOCIAL HISTORY

1. What are the student's favourite activities?

2. Whom does the student approach in the case of any need?

3. Whom does the student play with?

4. How would you describe the students? Please tick.

Happy		Sucks thumb		Has temper tantrums	
Sad		Loner		Has many fears	
Shy		Fights often		Inhibited	
Moody		Seems jealous		Sleep walks	
Dependant		Very friendly		Over attached to parent/s	

5. Which behaviours of the student concern the parents/family?

6. What kind of a relationship does the student share with the members of the family?

Member	Affection	Share/Care	Indifferent	Jealous	Hostile	Other

7. How often does the family get together?

Hours (how many?)	
Weekly	
Monthly	
Fortnightly	

8. How does the student behave with guests/visitors?
   Please tick

	Stay away
	Indulges in inappropriate behaviour
	Sits in the room but is aloof
	Seeks attention
	Interacts

9. Does the student accompany the family on social visits? Please tick

Often		Sometimes		Rarely	

10. What kind of behaviour does the student indulge in at such visits? Please tick

Stay away		Indulges in inappropriate behaviour		Seeks attention	
Interacts		Sites in the room but is aloof			

Additional Information you may wish to provide:

I hereby state that all of the information provided here is true to the best of my knowledge.

Name: _____

Date: _____

Signature: _____