

LONDONDERRY EARLY EDUCATION PROGRAM
INCLUSION PROGRAM APPLICATION

DATE _____

CHILD'S INFORMATION

NAME _____
(First) (Nickname) (Middle) (Last)

ADDRESS _____ TELEPHONE # _____

DATE OF BIRTH _____ SEX: _____ MALE _____ FEMALE _____

FAMILY INFORMATION

FATHER'S NAME _____ BIRTHDATE _____

ADDRESS (if different) _____ TELEPHONE _____

OCCUPATION _____ EDUCATION _____

EMPLOYER _____ TELEPHONE _____

MOTHER'S NAME _____ BIRTHDATE _____

ADDRESS (if different) _____ TELEPHONE _____

OCCUPATION _____ EDUCATION _____

EMPLOYER _____ TELEPHONE _____

LEGAL GUARDIAN: (check one) _____ MOTHER _____ FATHER _____ BOTH _____ OTHER _____

BROTHERS AND SISTERS:
NAME AGE EDUCATION AND SPECIAL SERVICE

E-mail address _____

OTHER PERSONS LIVING IN THE HOME _____

LANGUAGE(S) SPOKEN IN THE HOME _____

DOES ANY MEMBER OF YOUR FAMILY HAVE A DISABILITY? _____

PLEASE EXPLAIN _____

HAVE THERE BEEN ANY RECENT BIRTHS, DEATHS, DIVORCE, SEPARATION, OR OTHER MAJOR CHANGES IN THE FAMILY?

PLEASE EXPLAIN _____

IN CASE OF EMERGENCY, CONTACT: (other than the parent of the child)

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PRENATAL, BIRTH AND HEALTH HISTORY

BIRTHPLACE _____

Were there any unusual events during your pregnancy or delivery with this child (for example: toxemia, x-ray treatments, rubella, other maternal illness or injury, drugs, bleeding, or other problems)?

Was your child premature? _____ How many weeks? _____

Did your child have any birth defects or require special care after birth (for example: needed oxygen, had cleft palate, webbed feet or fingers, heart or lung condition, malformation of spine, etc.)?

List of diagnosis your child has been given: _____

Describe any serious accidents, illnesses, hospitalizations or surgeries:

TYPE

DATE

CHILD'S AGE

DOCTOR/SURGEON

Has your child had seizures or convulsions? _____ When? _____

If your child has allergies, please list: _____

If your child is on medication, please list type of dosage: _____

If your child is on a special diet, please describe: _____

List your child's pediatrician and other specialists who have seen your child:

NAME

ADDRESS

DATE SEEN

List other agencies that have been involved with your child (clinics, hospitals, physical or occupational therapists, speech therapists, preschools, public health nurses, etc.).

GROWTH HISTORY

Indicate the age at which your child accomplished the following:

Held head erect	_____	Rode tricycle	_____	Fed self with spoon	_____
Sat unsupported	_____	Climbed stairs	_____	Gave up bottle	_____
Crawled	_____	Ate solid foods	_____	Drank from cup	_____
Walked	_____	Finger fed self	_____	Toilet Trained	_____
				Dressed Self	_____

MOTOR DEVELOPMENT

If you have concerns about your child's motor development, please explain:

Please check any of the following that apply to your child:

_____ Seems clumsy	_____ Falls frequently	_____ Moves slowly or jerkily
_____ Feels tight	_____ Uses one side of the body differently from the other side	
_____ Feels floppy		

How does your child get from room to room? (i.e., crawls, is carried, scoots, walks, etc.) _____

What hand does your child use most often? _____ Right _____ Left

Does your child switch hands from: _____ Eating _____ Pencil use
_____ Ball throwing _____ Batting

COMMUNICATION

HEARING:

If you have concerns about your child's hearing, please explain: _____

Has your child had frequent ear infections? _____ Yes _____ No

If yes, explain: _____

Has your child had a recent hearing exam? _____ Yes _____ No

If yes, explain: _____

Please check any of the following that your child responds to:

_____ Doorbell or telephone	_____ Speech when facing speaker	_____ Speech from another room
_____ Children playing outside	_____ Speech with back to speaker	_____ Whispered speech
_____ Truck or motorcycle outside	_____ Speech on TV	

SPEECH AND LANGUAGE:

If you have concerns about your child's speech and language, please explain: _____

My child: (please check those that apply to your child)

_____ drools

_____ babbled or cooed during the first 6 months of age

_____ spoke the first words with meaning by approximately one year of age

_____ spoke in short sentences by approximately 2 ½ years of age

_____ spoke in complete sentences by 4 years of age

_____ began to babble or talk and then stopped

My child uses speech: _____ Frequently _____ Occasionally _____ Never

Comment: _____

Give an example of your child's typical speech: _____

If your child uses other forms of communication, such as a communication board or sign language, please explain:

Which of the following is most typical of your child's ability to understand speech? (**check only one**)

_____ Does not understand what is said

_____ Understands very little of what is said

_____ Understands what is said when speaker gestures

_____ Understands familiar statements or questions

_____ Clearly understands everything said

What of the following is most typical of your child's ability to communicate? (**check only one**)

_____ Does not use speech or gestures to communicate

_____ Uses gestures or motions but no speech

_____ Uses babbling sounds but doesn't try to talk

_____ Uses sounds when trying to talk

_____ Uses speech, primarily single words

_____ Uses sentences that are understood by the family but not by others

_____ Uses sentences that can be understood by others

_____ Speech is clearly understandable

SOCIAL AND COGNITIVE DEVELOPMENT

SOCIAL BEHAVIOR:

If you have concerns about your child's social interaction with others, please explain: _____

Please check any of the following that apply to your child. My child:

- | | |
|--|---|
| <input type="checkbox"/> Smiles | <input type="checkbox"/> Likes to be held and cuddled |
| <input type="checkbox"/> Laughs spontaneously | <input type="checkbox"/> Recognizes familiar people |
| <input type="checkbox"/> Cries | <input type="checkbox"/> Makes eye contact |
| <input type="checkbox"/> Reaches to be picked up | <input type="checkbox"/> Separates easily from me |

Describe your child's favorite toys and activities: _____

Describe how your child plays with toys (i.e., length of play, supervised or unattended, pretends with objects):

Describe how your child interacts with other children:

Describe how you discipline your child:

How does your child respond to discipline?

COGNITIVE BEHAVIOR

If you have concerns for your child's learning ability, please explain:

My child (please check all that apply to your child):

- | | | |
|---|--|--|
| <input type="checkbox"/> Plays peek-a-boo | <input type="checkbox"/> Uses scissors | <input type="checkbox"/> Puts puzzles together |
| <input type="checkbox"/> Plays pat-a-cake | <input type="checkbox"/> Identifies colors | <input type="checkbox"/> Uses pencil or crayon |
| <input type="checkbox"/> Waves bye-bye | <input type="checkbox"/> Looks at books | <input type="checkbox"/> Identifies letters |
| <input type="checkbox"/> Responds to "No" | <input type="checkbox"/> Stacks blocks | <input type="checkbox"/> Identifies number |

Please explain why you and your child would like to participate in the Preschool Inclusion Program:

Families of inclusion preschool children may select either one slot for two days or purchase two slots for four days. Our inclusion prek students attend three days per week, however, families have the option to purchase an additional day.

Please let us know your preference:

Preschool: _____ 1- two day slot (equaling 2 days per week) or _____ 2- two day slots (equaling 4 days per week)

Prekindergarten: _____ 3 days per week _____ 3 days per week plus 1 additional day (equaling 4 days per week)

I understand that my child is being considered for admittance into the LEEP Inclusion Program. Requirements include that your child turn three (3) by September. 1st of the school year he or she is applying for. Your child will need to be toilet trained and have age appropriate speech and language development.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PLEASE RETURN THIS FORM TO:

KIM SPEERS
LONDONDERRY EARLY EDUCATION PROGRAM
MOOSE HILL SCHOOL
150 PILLSBURY ROAD
LONDONDERRY, NH 03053