

<i>For office use only</i>		
<i>Last name</i>	<i>Date received</i>	<i>Current grade</i>
<i>Application fee:</i> <i>y</i> <i>n</i>	<i>Signed release:</i> <i>y</i> <i>n</i>	

# The Springstone School

## Student Information

Name:	Date of Birth:
Street:	
City, State, Zip Code:	
Diagnosis (if any):	
Current Grade:	Current School:

## Family Information

<b>Parent 1 Name:</b>	Occupation/Employer:
Street:	
City, State, Zip Code:	
Preferred Phone:	Email:
Alt. Phone:	
<b>Parent 2 Name:</b>	Occupation/Employer:
Street:	
City, State, Zip Code:	
Phone:	Email:
Alt. Phone:	
Siblings:	

Feel free to include a photograph of your student.

How did you hear about Springstone?

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<b>Past and Present Services (fill those that apply)</b>		
Service	Provider	Dates of Service
Occ. Therapy		
Speech and Language		
Psychologist		
Tutor		
Social Skills		
Other		

Please list up to three professionals who are working with your child at the present time whom we may contact:

<b>Name</b>	<b>Title</b>	<b>Phone and Fax Numbers</b>

Medical history:

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Past and present medications:

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## Springstone Questionnaire

Please check the appropriate answer.

1. Is your child able to recognize body language cues that accompany conversation?

Yes            No

2. Does your child's body language match what s/he says?

Yes            No

3. Is your child able to join a group of peers easily?

Yes            No

4. Is your child able to stay on the topic of a conversation?

Yes            No

5. Is your child able to take turns in a conversation?

Yes            No

6. Does your child demonstrate a broad range of interests?

Yes            No

7. When requested to stop, is your child able to stop what s/he is doing?

Yes            No

8. Is your child able to calm him/herself down when upset?

Yes            No

9. When frustrated, can your child calm down within 5 minutes?

Yes            No

10. Do you need to physically restrain your child when s/he is upset?

Yes            No

11. Is your child able to control his/her anger appropriately?

Yes            No

12. Does your child associate with children his/her own age?

Yes            No

13. Does your child have an established group of friends at school?

Yes            No

14. Is your child able to use a word processor on the computer?

Yes            No

15. Is your child able to use the Internet appropriately?

Yes            No

16. Is your child able to transition from task to task easily?

Yes            No

17. Is your child able to attend to a task for 20 minutes?

Yes            No

18. Does your child require frequent repetitions of instructions?

Yes            No

19. Does your child have, or has s/he ever had a Behavior Support Plan (BSP)?

Yes            No

20. Is your child overly sensitive to touch, sound, smells, etc?

Yes            No

Please list your child's strengths:

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Please identify your child's interests:

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Describe what your child looks like when he/she is happy -- what behaviors does s/he exhibit?

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What behaviors does s/he exhibit when he/she is frustrated?

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Does your child have any extreme fears or obsessions? Describe them.

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\_Describe your child's current performance in school:

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Are your child's needs being met in his/her current school program?

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Please describe why you are currently seeking Springstone's services.

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Please also send in your child's current IEP, recent grades and school records, and reports from formal assessments (Occupational Therapy, Speech and Language, Neuropsychological, etc.).

Send application and the \$100 application fee to:  
The Springstone School, 1035 Carol Lane, Lafayette, CA 94549

## Release of Information

I, \_\_\_\_\_, hereby authorize The Springstone School administrative staff to obtain confidential student information for the following student:

\_\_\_\_\_  
Student Name

I understand that the staff may receive copies of any psychological, academic, medical or other reports relevant to my child and his/her education.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*The Springstone School admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at our school and does not discriminate on the basis of race, color, and national or ethnic origin in administration of our educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*