



**PLACE
PHOTO
HERE**

A \$50
Application Fee
(non-refundable)
must accompany
this application.

Capitol School of Austin

Student Name: _____ Birthdate: _____

Current Grade (if applicable): _____ Date: _____ Info Provided By: _____

This application is for: Immediate enrollment Fall Spring Summer

APPLICATION CHECKLIST

- Application
- Initial Application Fee (\$50)
- One Teacher Observation Form
If enrolled in group previously or currently
- School Records
 - Full & Initial Evaluation (FIE)
 - Speech Language Evaluations, Current Report Card (if applicable)
- Release of Records
- Evaluation and/or Progress Reports from:
 - Speech Language Pathologist
 - Educational Diagnostician
 - Neurologist
 - Physical/Occupational Therapist
 - Psychologist

FOR OFFICE USE ONLY
Date Received: _____ Payment Received: _____

STUDENT IS APPLYING AS A PEER MODEL

Students who apply must meet these criteria first:

- The student must have a documented language and/or learning disability
- The student must demonstrate average to above-average IQ
- The student's enrollment will have a positive or neutral effect on the school community and learning experiences of other students, rather than a negative one.

WHO WE SERVE:

CSA can best help students with a variety of language and learning disabilities, including:

- Mixed receptive/expressive language disorders
- Speech Disorders (including Apraxia)
- ADD/ADHD
- Dyslexia
- Dysgraphia
- Auditory Processing Disorders
- Executive Functioning Issues
- Dyscalculia
- Low Academic Self-confidence

CSA is NOT equipped to help students who have:

- Limited intellectual functioning
- History of violence or aggression
- Emotional disturbance or mood disorder
- Moderate to severe autism
- Significant behavioral or emotional issues



Application for Enrollment

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: _____
FIRST MIDDLE LAST PREFERRED

Address: _____ City/State: _____ Zip: _____

Present School: _____ Grade: _____ District: _____

PARENT 1

PARENT 2

Name _____

Address _____

City/State/Zip _____

Phone C: W: H: _____ C: W: H: _____

Email _____

Occupation _____

Employer _____

Level of Education _____

Marital Status: Married Divorced Separated Widowed Remarried Domestic Partner Cohabiting

Your child's legal custodian: _____ Is your child adopted? _____ At what age? _____ Is your child aware of this? _____

List other occupants in your child's home:

HOUSEHOLD 1

HOUSEHOLD 2

Name _____

Age _____

Relationship _____

Y N
 Is there any language other than English spoken in the home? If so, which language? _____

Does your child understand or speak the language?

How did you hear about CSA? Facebook Google CSA Website Friends/Family Professional Other: _____

EVALUATIONS:

If any of the following evaluations have been administered to your child, indicate the date and name of the administering test professional and request that reports be sent to us.

Y N
 CSA has my permission to contact the professionals I have listed here.
 _____ **« Initial**

*Full & Initial Evaluation: A current speech-language evaluation and/or latest FIE from the public school (within past 12 mo.) is required for all new school-age applications 2nd-4th grade.

**An educational evaluation is required for all new school-age applications 1st grade and higher.

	DATE	PROFESSIONAL
1. Speech and Language Evaluation*	_____	_____
2. Educational Evaluation**	_____	_____
3. OT/PT Assessment	_____	_____
4. Neurological Evaluation	_____	_____
5. Vision/Hearing Evaluation	_____	_____
6. Medical Evaluation	_____	_____
7. Psychological/Play Therapy Evaluation	_____	_____



Case History

Child's Name: _____ Date of Birth: _____

Describe your child's speech/language/learning difficulty. _____

Therapy History

Has **Speech Therapy** been recommended?

Y N

Are services currently being received?

Y
If yes, where?

N
If no, explain:

Have services been received in the past?

Y
If yes, where?

N

Has **Occupational Therapy** been recommended?

Y N

Are services currently being received?

Y
If yes, where?

N
If no, explain:

Have services been received in the past?

Y
If yes, where?

N

Has **Psychological Counseling** been recommended?

Y N

Are services currently being received?

Y
If yes, where?

N
If no, explain:

Have services been received in the past?

Y
If yes, where?

N



Family History

Is there a family history of speech, language or learning difficulties? If so, explain:
(please include aunts, uncles, cousins and grandparents of child)

History Unknown

Birth History

What was the general state of the mother's health during pregnancy? _____

List any substances used during pregnancy *(medication, alcohol, tobacco)*: _____

Delivery: C-Section Anesthesia Inducement Very long labor Very short labor Instruments used

Y N

Full Term? Weight: _____

Was birth normal? If not, explain: _____

Illness during pregnancy? If yes, describe: _____

Did your child have trouble breathing after birth? If yes, describe: _____

Did your child come home from hospital with the mother? If not, why? _____

Any feeding difficulties? Describe: _____

Was weaning a problem? Age off bottle/breast: _____

Any difficulties sleeping? How long? Describe: _____

Did/does your child engage in thumb sucking? How long? _____

Did/does your child use a pacifier? How long? _____

Developmental Data

Speech Language Milestones

Did your child: Smile at others Babble Imitate gestures/sounds Maintain eye gaze

Age of: First words: _____ 2-3 word phrase: _____ First sentence: _____

When was speech/language problem first noticed? _____ By whom? _____

How much of your child's speech can family understand? _____

How much is understood by other adults? _____

Describe any other areas of concern *(articulation, receptive/expressive language, social pragmatic language)*. _____



(DEVELOPMENTAL DATA CONTINUED)

Motor Milestones: FINE MOTOR

Does your child dress his/herself:

- Completely Partially Not at all

Age toilet trained? ____ Day? ____ Night? ____

Problems training? If so, explain: _____

Which hand does your child use to eat? ____ To draw: ____ To write: ____ To throw a ball: ____

Y N

- Is your child a "picky" or fussy eater now?
- Any difficulty chewing or swallowing?
- Do you feel your child is "clumsy" or falls frequently?

Describe any other areas of concern (fine or gross motor, balance, coordination). _____

GROSS MOTOR:

What age did your child:

- ____ Sit alone
- ____ Crawl
- ____ Walk alone
- ____ Run smoothly
- ____ Climb playground equipment
- ____ Jump with both feet
- ____ Skip

Ride bike:

- ____ Three-wheeler Two-wheeler Training wheels

Social/Emotional/Behavioral

Y N

- Does your child play well with siblings or friends?
- Does your child prefer to play alone?
- Does your child prefer: Older Younger Same-age peers

Who is usually responsible for discipline? _____

What methods of discipline are used and how does your child react to discipline? _____

Describe any other areas of concern (behaviorally/socially/emotionally). _____



Medical History

Please list any illnesses or conditions for which your child received in-depth medical attention (do NOT list routine illnesses).

Illness/Condition _____
Date _____

Y N
 Does your child have any long-term medical conditions for which he/she is currently being treated? If so, explain:

PRIMARY PHYSICIAN: _____ PHONE: _____

- Does your child have food allergies? If so, list: _____
- Does your child have seasonal allergies?
- Does your child have frequent colds? If so, how often? _____
- Does your child take medication regularly? If so, what? _____
- Has your child had his/her hearing tested? If so, when? Results? _____
- Has your child had his/her vision tested? If so, when? Results? _____
- Does your child have PE tubes? Is your child's general health: Poor Good Excellent
- Has your child had a neurological exam? If so, when? Results? _____
- Has your child had a psychological exam? If so, when? Results? _____

Education History

Name of current school placement and grade/class: _____

In your current placement, what is the number of: _____ Teachers _____ Students

Please list any other schools/programs (including preschool) your child has attended:

SCHOOL/PROGRAM	GRADE/CLASS	DATES ATTENDED	REASON FOR WITHDRAWAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child repeated any grades or been held back in a younger classroom? If so, which and why? _____

In what area(s) does your child excel? _____ Find difficult? _____

- Y N
- Has your child received any interventions to help with difficult areas? If yes, describe: _____
 - Does your child seem to enjoy school?
 - Does your child's teacher seem to enjoy him/her?
 - Does your child seem to have friends at school?



(EDUCATION HISTORY CONTINUED)

Does your child's teacher report any of the following behaviors:

- Hard time paying attention
- Cannot sit still
- Repetitive behavior
- Will not follow directions
- Sensitivity to changes in routine
- Does not seem to comprehend what is being said
- Is physical with other kids
- Bothers or bullies other children
- Aggressive behavior
- Does well with visual material
- Has difficulty expressing thoughts
- Cannot complete tasks

General Information

What are your child's favorite activities? _____

Describe any behavior which is a problem to the parents: _____

Please check personality traits or behaviors that describe your child:

- Looks happy
- Appears sad
- Non-compliant
- Shows repetitive behaviors (i.e. flapping)
- Even tempered
- Is withdrawn
- Resistant to change
- Cries frequently
- Very active
- Aggressive to others
- Sensitive to loud noises
- Distractible
- Has trouble sleeping (nightmares)
- Friendly/outgoing
- Irritable
- Seems unusually fearful
- Dependent on adults
- Calm & quiet
- Very independent
- Sensitive to certain textures/clothing
- Throws/breaks
- Dislikes being touched
- Screaming/tantrums. How often? _____
- Self-injurious

- Y N**
- Has child ever been tested or diagnosed with ADD/ADHD? By whom and when? _____
 - Is child currently taking medication for attention difficulties? If so, what? _____
 - If not currently medicated, are you willing to seek pharmacological intervention? _____



Authorization for Request/Release of Information

I hereby authorize Capitol School of Austin to request/release information which may be helpful in providing services for my child (full name), _____.

Below are the persons, therapists, and agencies that Capitol School of Austin may contact:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that any information obtained is strictly confidential and privileged.

Parents or Legal Guardians:

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____

A COPY OF THIS AGREEMENT IS AS VALID AS THE ORIGINAL
CAPITOL SCHOOL OF AUSTIN DOES NOT DISCRIMINATE ON THE BASIS OF A CHILD'S RACE, GENDER, CREED OR RELIGIOUS BELIEFS.

Educational Release:

Information from your student's school is necessary in determining possible class placement. Please complete the release below. We must have complete information in order to process this release.

To: Name of School: _____ School District: _____
Teacher's Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Child's Name: _____ Date of Birth: _____ Grade: _____

CSA REQUESTS PSYCHO-EDUCATIONAL, ACADEMIC AND/OR OTHER INFORMATION ON THE ABOVE NAMED CHILD.

_____ Has my permission to release any information on my child to Capitol School of Austin.
NAME OF SCHOOL

Parent/Guardian Signature: _____ Date: _____

A COPY OF THIS AGREEMENT IS AS VALID AS THE ORIGINAL
CAPITOL SCHOOL OF AUSTIN DOES NOT DISCRIMINATE ON THE BASIS OF A CHILD'S RACE, GENDER, CREED OR RELIGIOUS BELIEFS.



Teacher Observation Form: Early Childhood (Preschool)

Parents:

Please fill in your child's name below. Read and sign before giving to your child's teacher.

Child's Name: _____

I request that my child's teacher complete this form and return directly to CSA by mail/email/fax. I waive my right of access to this form. Forms returned by parent are not accepted. Further, I give permission for CSA to contact my child's teacher if they have additional questions.

Parent/Guardian Signature: _____ Date: _____

Teachers: We appreciate your willingness to fill out this form as we consider this child for admission. Please return promptly to avoid delays in the application process. In order to review an application for admission, all documentation including this form must be received.

Teacher's Name: _____ Date: _____

Person completing this form, if not teacher: _____ Title: _____

Best time and number to contact you for additional information: _____

Facility: All Day Part Day | Private Preschool Public PPCD Montessori Daycare Other: _____

Age-range in class: _____ Student-to-Teacher Ratio: _____ : _____ Total number of students in class: _____

Y N

Does this child receive any therapy services (speech/language, occupational therapy, psychological)?

If yes, please specify type and frequency: _____

The Child...	Seldom		Sometimes		Often
Social/Emotional Skills Is impulsive or disruptive	1	2	3	4	5
Displays physical aggression (describe below if applicable)	1	2	3	4	5
Has temper outbursts and/or unpredictable behavior	1	2	3	4	5
Displays oppositional or defiant behaviors	1	2	3	4	5
Demonstrates perseverative behaviors (describe below if applicable)	1	2	3	4	5
Responds well to redirection	1	2	3	4	5
Has trouble keeping his/her hands to self	1	2	3	4	5
Is cooperative/respectful	1	2	3	4	5
Plays wells with peers	1	2	3	4	5
Is easily frustrated	1	2	3	4	5
Seems to be happy/confident	1	2	3	4	5
Destroys objects and/or throws things when upset	1	2	3	4	5



Capitol School of Austin

The Child...		Seldom		Sometimes		Often
Communication	Able to ask for wants/needs	1	2	3	4	5
	Expresses thoughts/ideas in 2-3 words phrases	1	2	3	4	5
	Speaks in sentences	1	2	3	4	5
	Speech is easily understood	1	2	3	4	5
Group Skills	Requires 1:1 assistance to remain in a group	1	2	3	4	5
	Is able to follow class routines	1	2	3	4	5
	Responds to directions	1	2	3	4	5
	Has an attention span that is comparable to peers	1	2	3	4	5
	Can work independently/remain focused on tasks	1	2	3	4	5
	Can take care of personal needs with little assistance	1	2	3	4	5
	Can easily transition between activities	1	2	3	4	5
	Listens attentively to stories	1	2	3	4	5
	Has parents who are supportive of the school and its policies	1	2	3	4	5

Describe any physical aggression (hitting, biting pushing, etc), how often, and your typical response to aggressive episodes: _____

Does the child exhibit perseverative behaviors? If so, how often? Please describe: _____

What do you consider to be this child's strengths? Please describe in terms of language, attention, behavior, pre-academics and social: _____

Do you have any areas of concern regarding this child? Please describe in terms of language, attention, behavior, pre-academics and social and if so, what steps have been taken to address these concerns?

Any additional information you feel we should know? _____

Thank you for your time filling out this form. Your observations are an important part of the admission process at CSA. Your responses will be confidential and privileged. Please return this form directly to Capitol School of Austin via fax, email or mail.



Please mail, email or fax directly to CSA's address below. Attn: Admissions

Teacher Observation Form: School Age (K – 4th)

Parents:

Please fill in your child's name below. Read and sign before giving to your child's teacher.

Child's Name: _____

I request that my child's teacher complete this form and return directly to CSA by mail/email/fax. I waive my right of access to this form. Forms returned by parent are not accepted. Further, I give permission for CSA to contact my child's teacher if they have additional questions.

Parent/Guardian Signature: _____

Date: _____

Teachers: We appreciate your willingness to fill out this form as we consider this child for admission. Please return promptly to avoid delays in the application process. In order to review an application for admission, all documentation including this form must be received.

Teacher's Name: _____ Date: _____

Person completing this form, if not teacher: _____ Title: _____

Best time and number to contact you for additional information: _____

Facility: All Day Part Day | Mainstream Class Self-contained Class Private School Montessori Home School Other: _____

Grade: _____ Student-to-Teacher Ratio: _____ : _____ Total number of students in class: _____

Y N

Does this child receive any special education services (speech/language, occupational therapy, psychological)?

If yes, please specify type and frequency: _____

The Child...	Seldom	Sometimes	Often
Social/Emotional Skills			
Is impulsive or disruptive	1	2	3
Mood changes quickly or drastically	1	2	3
Displays physical aggression (describe below if applicable)	1	2	3
Has temper outbursts and/or unpredictable behavior	1	2	3
Displays oppositional or defiant behaviors	1	2	3
Demonstrates perseverative behaviors (describe below if applicable)	1	2	3
Responds well to redirection	1	2	3
Has trouble keeping his/her hands to self	1	2	3
Is cooperative/respectful	1	2	3
Plays wells with peers	1	2	3
Is easily frustrated	1	2	3
Seems to be happy/confident	1	2	3
Destroys objects and/or throws things when upset	1	2	3



Capitol School of Austin

The Child...		Seldom		Sometimes		Often
Communication	Engages in spontaneous conversations	1	2	3	4	5
	Expresses ideas in complete sentences	1	2	3	4	5
	Able to ask for wants/needs	1	2	3	4	5
	Speech easily understood by adults	1	2	3	4	5
	Speech easily understood by peers	1	2	3	4	5
Group Skills	Requires 1:1 assistance to remain in a group	1	2	3	4	5
	Is able to follow class routines	1	2	3	4	5
	Responds to directions	1	2	3	4	5
	Needs reminders to complete work	1	2	3	4	5
	Has an attention span that is comparable to peers	1	2	3	4	5
	Can work independently/remain focused on tasks	1	2	3	4	5
	Can take care of personal needs with little assistance	1	2	3	4	5
	Can easily transition between activities	1	2	3	4	5
	Listens attentively to stories	1	2	3	4	5
	Has parents who are supportive of the school and its policies	1	2	3	4	5
		1	2	3	4	5

Rate the child's academic development:

	Superior	Above Average	Average	Poor
Oral Reading Fluency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silent Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sound/Symbol/Phonetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math Computation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math Word Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English/Grammar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Composition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has this child ever had a behavior plan developed? If so, for what? _____

Does the child exhibit perseverative behaviors. If so, what and how often: _____

*What do you consider to be this child's strengths? _____

*Do you have any areas of concern regarding this child? _____

What steps have been taken to address concerns? _____

* Please describe in terms of language, attention, behavior, pre-academics and social.

Describe any physical aggression (hitting, biting pushing, etc), how often, and your typical response to aggressive episodes: _____

Additional information you feel we should know: _____