

SPELLER NAME

DATE OF BIRTH

MOTHER NAME

FATHER NAME

MOTHER PHONE

FATHER PHONE

ADDRESS:

EMERGENCY CONTACT NAME AND RELATIONSHIP

EMERGENCY CONTACT PHONE

**WHAT IS YOUR STUDENT'S CURRENT
EDUCATIONAL STATUS?**

☐

Public School

☐

Private School

☐

Homeschool

Other (please describe)

HOW WOULD YOU DESCRIBE YOUR CHILD?

**NONSPEAKING, MINIMALLY SPEAKING, UNRELIABLY SPEAKING, OTHER
(PLEASE EXPLAIN)**

**WHAT OTHER METHODS/DEVICES DOES HE/SHE USE FOR
COMMUNICATION? PLEASE DESCRIBE.**

INTEREST IN FREED ACADEMY ATTENDANCE?

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**Full Time
(4 days a week)**

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**Part Time
(2 days a week)**

DESCRIBE YOUR FAMILY/STUDENT'S EXPERIENCE WITH SPELLED COMMUNICATION (IF ANY).

WHAT ACTIVITIES DOES YOUR SPELLER ENJOY?

DOES YOUR STUDENT EXPERIENCE FREQUENT MELTDOWNS? IF YES, WHAT TENDS TO ALLEVIATE THE SITUATION?

IS YOUR STUDENT INJURIOUS TO SELF OR OTHERS? IF YES, PLEASE DESCRIBE LEVEL, TRIGGERS, AND FREQUENCY.

DOES YOUR STUDENT HAVE HYPER-SENSITIVITY TO LOUD NOISES OR OTHER ENVIRONMENTAL STIMULI? PLEASE DESCRIBE.

WOULD YOU ANTICIPATE YOUR STUDENT WOULD ATTEND FREED ACADEMY ALONE OR WITH A COMMUNICATION PARTNER/PARENT?

PLEASE LIST ALL MEDICATIONS YOUR STUDENT TAKES IF THEY NEED TO BE ADMINISTERED BETWEEN 8:30 AM AND 1:00PM.

DOES YOUR STUDENT HAVE A HISTORY OF SEIZURES? IF YES, PLEASE DESCRIBE LEVEL AND FREQUENCY.

**WHAT DO YOU HOPE FOR YOUR STUDENT TO GAIN FROM ATTENDING FREED ACADEMY?
PLEASE LIST THREE GOALS IN ORDER OF IMPORTANCE.**

**PLEASE TELL US ANY OTHER INFORMATION ABOUT YOUR STUDENT YOU FEEL WOULD BE HELPFUL IN EVALUATING
THEIR APPLICATION.**