



DAVIES INSTITUTE FOR SPEECH & HEARING

DISH School Application

Child Information

Date Form Completed: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City/State/Zip Code: _____

Primary Care Physician: _____

Parent 1 Name: _____ Parent 1 Date of Birth: _____

Parent 1 Address: _____ Occupation: _____

Parent 1 Home Phone: _____ Parent 1 Work Phone: _____

Parent 1 Email: _____ Parent 1 Cell Phone: _____

Parent 2 Name: _____ Parent 2 Date of Birth: _____

Parent 2 Address: _____ Occupation: _____

Parent 2 Home Phone: _____ Parent 2 Work Phone: _____

Parent 2 Email: _____ Parent 2 Cell Phone: _____

Circle the ways we may communicate with you:

Home Phone Cell Phone Work Phone Email

Circle if we may we leave a message at:

Home Phone Cell Phone Work Phone Email

OTHER FAMILY MEMBERS LIVING WITH CHILD:

NAME:

AGE:

SEX:

GRADE:

SCHOOL:

SPECIAL EDUCATION NEEDS:
(if yes, please describe)

Which language system does your child prefer to use when communicating his or her needs/wants?

What language is spoken most often at home? What other languages are spoken in the home?

Describe the child's speech, language, and/or hearing difficulties? _____

How does the child communicate (e.g. gestures, sign languages, single words, phrases, sentences)?

At what age were you first concerned about the child's difficulties? _____

Has the child's difficulties changed in the last 6 months? If yes, describe _____

What percent of your child's language is easily understood? _____

Is there any history of speech-language-hearing difficulties in any family members? If yes, describe

Does your child have any other difficulties or diagnoses that are influencing his/her development? ____

Has the child ever been seen for speech or hearing evaluation or therapy? If yes, please give date(s), site(s), and results. _____

Has the child ever been seen by any other specialists? If yes, explain: _____

Circle any of the following that describe the behavior of the child:

- | | | |
|-------------------------------|------------------|----------------|
| Nervous or sensitive | Has no playmates | Nightmares |
| Prefers to play alone | Temper tantrums | Easily managed |
| Overactive | Overly talkative | Cries easily |
| Touches, clings to others | Likes school | Slow learner |
| Behavior problem | Whiney | Friendly |
| Separates easily from parents | Enthusiastic | Cooperative |

PRENATAL AND BIRTH HISTORY

Describe any unusual illness, condition, or accident during the pregnancy (German measles, RH Incompatibility, etc.) _____

Was any medication taken during pregnancy? If yes, please describe. _____

Length of Pregnancy: _____ Length of Labor: _____ Birth Weight: _____

Describe any problems during the delivery (breech birth, induced labor, etc.) _____

Medical History

Check off any of the following illnesses or conditions your child has/or has had:

- | | | |
|--------------------|-------------------|----------------------|
| Allergies _____ | Asthma _____ | Bronchitis _____ |
| Chicken Pox _____ | Colds _____ | Convulsions _____ |
| Croup _____ | Dizziness _____ | Ear Infections _____ |
| Encephalitis _____ | Flu _____ | Headaches _____ |
| High Fever _____ | Mastoiditis _____ | Measles _____ |
| Meningitis _____ | Mumps _____ | Pneumonia _____ |
| Seizures _____ | Sinusitis _____ | Sore Throat _____ |
| Tinnitus _____ | Tonsillitis _____ | Other _____ |

Does your child receive any medications at this time? Please explain. _____

Has your child had any surgeries? If yes, please provide age(s) and description(s). _____

DEVELOPMENTAL HISTORY

Provide the approximate age at which your child began to do the following:

| | |
|------------------------------|------------------------------|
| Hold Head Up _____ | Sit _____ |
| Stand _____ | Walk _____ |
| Feed Self _____ | Dress Self _____ |
| Toilet Training Begun _____ | Toilet Training Ended _____ |
| Babble _____ | Use of Words _____ |
| Use Two-Word Phrases _____ | Name Objects _____ |
| Use Simple Questions _____ | Engage In Conversation _____ |
| Child's Present Weight _____ | Child's Present Height _____ |

Child's physical development has been: **FAST** **NORMAL** **SLOW**

Child's coordination has been: **GOOD** **AVERAGE** **CLUMSY**

Have there ever been any feeding difficulties ? If yes, describe. _____

Describe your child's response to sound (responds to all sounds, response to loud sounds only, etc.)

If your child has hearing loss, please state the age of diagnosis. _____

If your child has hearing loss, please describe any assistive devices (hearing aids, etc.) _____

EDUCATIONAL HISTORY

Has your child ever attended Preschool? If yes, where: _____

What area did your child do well? _____

What area did your child struggle? _____

How was your child during his/her daily school schedule? _____

How does your child interact with others? _____

How does your child do with schedule changes? _____

Does your child receive any special services? If yes, please describe. _____

I hereby acknowledge that this information does not guarantee my child placement into the Davies Institute for Speech and Hearing (DISH) School. I understand the above information will be reviewed by appropriate staff and placement at this time is by consideration only. I hereby acknowledge that by signing this document I am agreeing that all the above information is factual and true pertaining to my child.

Person Completing Forms _____

Relationship to Child _____

Signature _____ Date _____



Please STOP
and read this
note!

Throughout the school year we will be taking photos in the classroom. These photos will be used for art projects and classroom activities. Pictures may also be used on the school and/or classroom website.

Please note: Names of students will NOT be published with photos on the classroom website. This is a decision that I have made to protect the identity of my students from website visitors who are not associated with the classroom.



Please complete the form below to grant permission to include your child's photo on our classroom website.
Return the form to your child's teacher by _____.



.....
Please check ONE. Remember to return this form to your child's teacher by _____.

I grant permission for my child's picture to be used for school activities and the classroom website.

I do not grant permission for my child's picture to be used for school activities and the classroom website.

Child's Name _____

Parent/Guardian Signature _____ Date: _____