



APPLICATION FOR ADMISSION

Application date: _____

Reserved for administration

Date received: _____

1. STUDENT IDENTIFICATION

Name: _____

Address: _____

Home phone number: _____

Date of birth

Day: _____ Month: _____ Year: _____ Age: _____

Place of birth (Country): _____ Citizenship: _____

Gender Identification

F _____ M _____ Other _____

Please attach a current picture of the child.

Permanent code from the MEES: _____

Language of instruction:

French: ___ English: ___ (The student must have a certificate of Eligibility for English Instruction)

Language(s) spoken at home: _____

Main diagnosis*: _____ Date _____

Secondary diagnosis, if applicable: _____ Date _____

*Please attach diagnostic report.

2. PARENT(S) / LEGAL GUARDIAN(S)

PARENT 1 / LEGAL GUARDIAN 1

Name: _____

Address: _____

Home phone number: _____ Email: _____

Work phone number: _____ Cell phone number: _____

Occupation: _____

PARENT 2 / LEGAL GUARDIAN 2

Name: _____

Address: _____

Home phone number: _____ Email: _____

Work phone number: _____ Cell phone number: _____

Occupation: _____

SIBLINGS

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

Age: _____ Relationship: _____

3. PLACE OF RESIDENCE AND GUARDIANSHIP

The student lives with: Both parents: _____ Parent 1: _____ Parent 2: _____

Legal Guardian: _____ Other(s): _____ Please, specify: _____

Legal custody of the student: Both parents: _____ Parent 1: _____ Parent 2: _____

Legal Guardian: _____ Other(s): _____ Please, specify: _____

4. SCHOOL BOARD IDENTIFICATION

Name of the school board: _____

Name of the special education consultant referring the student: _____

Phone number: _____

5. SCHOOL HISTORY OF THE STUDENT

Please indicate the name of daycares or schools your child has attended. Include the type of program (specialized or regular) and the types of support provided (educator, attendant, etc.)

Name of daycare/school & dates: _____

Type of class (regular or specialized): _____ Grade: _____

Type of support (specify number of hours): _____

Name of daycare/school & dates: _____

Type of class (regular or specialized): _____ Grade: _____

Type of support (specify number of hours): _____

6. MEDICAL HISTORY OF THE STUDENT

Pregnancy and delivery

Problems during pregnancy: NO: _____ YES: _____

If so, please, describe: _____

Gestational age at birth: _____ weeks

Problems during delivery, for the mother or for the child: NO: _____ YES: _____

If so, please, describe: _____

Problems in the post-delivery period: NO: _____ YES: _____

If so, please, describe: _____

Problems in the first few weeks / few months of life: NO: _____ YES: _____

If so, please, describe: _____

Please indicate any significant medical and surgical problems which required medical care, or a hospital stay: (please, indicate age of occurrence)

Please indicate all psychological, psychiatric or developmental problems for which your child has already received a diagnosis or is currently being evaluated or is awaiting evaluation:

Please indicate if your child/family has undergone genetic testing NO: _____ YES: _____
If so, please specify results.

Is your child currently taking medication? NO: _____ YES: _____

If so, please indicate:

Name: _____ Reason for taking it: _____

Name: _____ Reason for taking it: _____

Name: _____ Reason for taking it: _____

Name: _____ Reason for taking it: _____

Does your child have allergies? NO: _____ YES: _____

If so, please, indicate: _____

Professional Follow-up*

Amongst the following professionals, which ones have seen, evaluated and/or followed your child?
Please specify the professional /clinic, what services were provided, where, when and how often? Please
attach any existing reports.

Family physician

Pediatrician

Neurologist

Psychiatrist

Psychologist

Audiologist

Ophthalmologist

Speech and language pathologist

Occupational Therapist

Developmental clinic

CLSC team

CRDI team

Others

*If applicable, please attach the most recent reports.

7. STUDENT PROFILE Please describe your child in the following categories.

Language and Communication (Age of first words. Means of communication: verbal, gestures, signs, PECS, devices or iPad app. Language comprehension, answering questions, length of utterances, number of words, list of signs/gestures, etc.):

Socialization (Adult and peer interaction, familiar and unfamiliar people, crowds, ability to follow social cues and social rules, eye contact, etc.):

Play Skills (Functional play, parallel play, pretend play, play with peers and siblings, time engaged):

Motor Skills (Started walking at what age? Fine and gross motor skills, for exp. swimming, biking, balancing, drawing, cutting out, etc.):

Sensory Differences (Describe your child's sensory needs or sensitivities.):

Daily Living and Self-care (Independence in toileting, feeding, hygiene, dressing, etc.):

Early Learner Skills/Academics (Imitation, matching, graphic skills, math skills, reading skills, grade level curriculum, etc.):

Behaviour, Engagement and Participation (Attention to task, tolerance of demands, aggression, self-abuse, self-stimulatory behaviour etc.):

Self-Regulation (How does your child deal with stress, anxiety, transitions, new environments?)

Independence and Leisure Skills (How does your child occupy themselves?)

Interests (Activities, sports, subjects, games, toys, technology, TV, etc.)

In your opinion, what are their greatest challenges?

In your opinion, what are their best qualities / strengths?

Thank you for taking the time to respond to our questions. Your answers will help us better understand your child and will assist us in assessing his/ her needs. Please, remember to forward all the necessary reports.

Checklist

- Duly filled Admission Form
- Photo of my child
- Diagnostic report
- Any other relevant professional reports
- Save this PDF form before sending it by email