



Student Information

5. Name: _____
 First Name Last Name Nickname

6. Student's Date: Month: Year:
 Date of Birth

7. Gender: Male _____ Female _____

8. Height: 9. Weight:

10. Student's Cell Phone (if applicable)

11. Does your child have any mental health related concerns? If so, please describe below: (Use back if needed) Back Used

12. Has the student had testing for a learning disability? If so, please state:

Date(s):

Who performed testing:

Results/Diagnosis testing:

13. Has your child been diagnosed with any of the following items?
If so, please circle all that apply

- | | |
|------------------|----------------------------|
| ADHD | Down's Syndrome |
| Apraxia | Epilepsy/Seizure Disorders |
| Auditory Issues | Fragile X |
| Autism/ASD/PDD | Speech & Language Disorder |
| CAPD | Tourette's Syndrome |
| Cerebral Palsy | Other? (Please state) |
| Cognitive Delays | |

14. Have any family members other than the student been diagnosed with any of the items circled in section 14?

15. Application is for: (Circle all that apply)

- | | | |
|---------------------|-----------------|----------------|
| Educational Therapy | Testing | Speech Therapy |
| Non-Public School | Test proctoring | Other: |

16. ALLERGIES:

___ Yes ___ No

- Bee Stings?
 Medications? If so, please list:

- Nuts? If so, please list types:

- Other:

17. MEDICAL CONDITIONS:

- Asthma
- Backache or weak back
- Bowel/Bladder Problems
- Air Care/Sea Sickness
- Epilepsy/seizure disorder
- Glasses
- Hay Fever
- Headache
- Hearing Problems
- Heart Trouble/Murmur
- Poison Ivy/Poison Oak
- Respiratory Problems
- Sinus Problems
- Sleepwalking
- Vomiting
- Vision Problems
- Other:

18. Date of last tetanus Shot:

Encinitas Learning Center

543 Encinitas Boulevard, Suite 100
 Encinitas, CA 92024-3744
 Telephone: 760-634-6886 - Facsimile: 760-634-0646



APPLICATION FORM
 CONFIDENTIAL

Educational Information

Student's Name: _____

19. Do you suspect that your child has a learning disability that has not yet been identified? If so, explain:

20. School Currently Enrolled in:

21. Grade:

22. Teacher(s):

District:

- 1.
- 2.

✓ 23. How did you learn about the Encinitas Learning Center? (Please check all that apply)

24. If referred by an outside professional (e.g. therapist, teacher, psychologist, etc.) please state the reasons for the referral:

- Referred by Client: _____
- Referred by an outside professional
- Read an Advertisement in: _____
- Internet Site: http:// _____
- Other:

25. Does the student have any of the below? **If so, please provide the Encinitas Learning Center with a copy.**

- An SST
- An IEP
- A Section 504 Plan
- BIP
- BSP

What is the student's primary qualifying criteria for the item checked above?

26. **For students currently in school:** If you would like us to check your student's grades and be aware of any missing assignments, please provide the access information for the school:

SCHOOL LOGIN INFORMATION:

EMAIL:

PASSWORD:

27. Does the student use any modifications or accommodations on tests or school work? If so, please list or attach a copy of these for our reference.

28. What are your educational goals for your student:

Encinitas Learning Center

543 Encinitas Boulevard, Suite 100
Encinitas, CA 92024-3744
Telephone: 760-634-6886 - Facsimile: 760-634-0646



APPLICATION FORM
CONFIDENTIAL

29. What are your student's areas of interest?

30. What are your student's strengths?

31. What are your student's dislikes?

32. What are your student's weaknesses or triggers?

33. Please list any strategies or programs previously used and whether they were successful or not:

Parent/Guardian's Signature:

Today's Date: