



Mother's Name: \_\_\_\_\_

Home Address: (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**(Please circle preferred method of contact)**

Siblings: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

**Medical History:**

Child's Pediatrician: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Has your child been seen by a Psychiatrist, Psychologist or Counselor? YES NO (Circle one)

Date of most recent psychological \_\_\_\_\_

Child's Psychiatrist: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Psychologist: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Counselor: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Has your child been seen by a developmental pediatrician or neurologist? YES NO (Circle one)

Please provide Dr. Name, Profession, Phone and Office Address:

Name \_\_\_\_\_ Profession \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Does your child have a diagnosis? \_\_\_\_\_

Please list any other medical conditions \_\_\_\_\_

Is your child currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Name or Medication \_\_\_\_\_ Dose \_\_\_\_\_  
\_\_\_\_\_ Dose \_\_\_\_\_  
\_\_\_\_\_ Dose \_\_\_\_\_  
\_\_\_\_\_ Dose \_\_\_\_\_

Is your child independent in the bathroom for all his/her needs? If not, please explain. \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Has your child ever had seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Is your child on a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Therapeutic Services:**

Has your child been seen by an Occupational Therapist, Speech/Language Therapist, Physical Therapist?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Occupational Therapist**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Service Frequency

**Speech/Language Therapist**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Service      Frequency

**Physical Therapist**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dates of Service      Frequency

Does your child use any augmentative communication systems? Yes\_\_\_ No\_\_\_ If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Educational History**

Name of Current School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Person      Phone

\_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
Type of Classroom      Grade

\_\_\_\_\_  
Reason for leaving

Do you receive or are you eligible for SB-10 Funds: \_\_\_\_\_

Do you receive or are you eligible for HB-1133 Funds (SSO funds): \_\_\_\_\_

Do you receive the Katie Beckett Deeming Waiver? Yes\_\_\_ No\_\_\_ Do you receive the NOW Waiver? Yes\_\_\_ No\_\_\_

What are you looking for in a facility based program for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, describe your child's reading level, decoding skills, fluency, comprehension, and phonemic awareness

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, describe your child's math level, understanding of basic concepts, rote skills

\_\_\_\_\_

\_\_\_\_\_

**Social Emotional History**

Please describe how your child interacts with you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe how your child interacts with siblings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe how your child interacts with peers.

\_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities/topics of interest?

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Describe what happens when your child is upset. What do you typically see? (kicking, biting, hurts self/others, withdrawn )

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What does your child do to calm him/herself? \_\_\_\_\_

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How long does it take your child to "recover" when upset?

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Does your child exhibit impulsive or aggressive behavior? If yes, please describe:

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Is your child supported by a behavior plan? If yes, please describe.

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Does your child exhibit anxiety? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how your child makes transitions between people, activities, or environments (include level of independence during transitions, need for transitional objects or advance preparation about schedule changes)

\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Please provide any assessments made by outside professionals, and school progress reports.

I certify that the information contained in this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Date

**PROCEDURES AND POLICIES FOR APPLICATION TO LIONHEART**

Lionheart School has a rolling admissions policy. Applications will be accepted and admission to the school will be considered when the following items listed below are complete.

- Parent(s) of applicant have visited the school.
- Lionheart has received a completed application.
- Lionheart has received a non-refundable processing fee of \$100.
- Lionheart has received a Psychological Evaluation (required). If there are no comprehensive psychological reports from the past three years, Lionheart reserves the right to ask an applicant to acquire one.
- Lionheart welcomes other assessment reports from additional therapists and/or most recent school/teacher.
- Applicant has met with the Head of School and Head of Therapeutic Services and completed a classroom visit.
- Lionheart reserves the right to ask for additional visits before making a determination regarding the applicant's admission.

Once all items are received from applicant, the review process will begin. Lionheart professionals and outside consultants will help determine if your child is an appropriate fit for Lionheart and whether Lionheart can meet your child's needs. If admitted, parents are asked to commit to enrollment for the entirety of the following academic year.

Lionheart will notify parents of acceptance into the program. Parents will then be required to send in the tuition deposit of **\$2,600 (non-refundable)** within 10 days to secure their child's placement into the program.

**NOTICE OF NONDISCRIMINATORY POLICY**

The Lionheart School, Inc., admits students of any race, creed, or national and ethnic origin to all the rights and privileges, programs and activities generally accorded and made available to students at the school. It does not discriminate on the basis of race, creed, color, or national and ethnic origin in administration of its educational policies, admissions policies, or other school-administered programs.