

Who else resides in the home with the applicant? Name and relationship, please.

1. What are your child's strengths?

2. What are your child's areas of greatest need?

3. Has your child received any Special Education services?

(If so, please check the appropriate areas)

Resource Room

Self-contained Special Education Class

Speech/Language Therapy

Counseling

Occupational/Physical Therapy

Tutoring

Other (please describe)

4. Is your child receiving medication? Please list the name and dosage and describe the condition for which it is being given.

5. Has your child exhibited behavioral problems at school? Please explain.

6. Has your child been absent from school for an extended period of time? If so, for how long? Please describe the circumstances.

11. What is your child's attitude toward school?

12. What are your child's interests outside of school?

13. What qualities about Chelsea School make you believe that it would be a good place for your child?

14. Please fill out the following checklist based on your child's current abilities:

TASK	NO DIFFICULTY	SOME DIFFICULTY	GREAT DIFFICULTY
Getting started on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following oral instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping track of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading text materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing legibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing math problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting positively with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following class rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working well in a small group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How did you learn about Chelsea School?

- Advertisement _____ Web _____
- Person- Name, Title: _____ Referral District: _____
- Other: _____