



Holtz Educational Center

New Student Application/ Registration

Student Information		
Full Name:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <i>Last</i> <i>First</i> <i>M.I.</i> </div>	
Address:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <i>Street Address</i> <i>Apartment/Unit #</i> </div> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <i>City</i> <i>State</i> <i>ZIP Code</i> </div>	
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other
Gender		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> _____

Referring School/ District Information		
Referring District	<div style="border-bottom: 1px solid black; width: 100%;"></div>	
District Contact	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <i>Last</i> <i>First</i> <i>M.I.</i> </div>	
Work Phone:	()	Email Address _____

Family Information

Parent/ Legal Guardian Information #1

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone:

() _____ Mobile Phone _____

Work Phone:

() _____ Email Address _____

Primary Language

_____ Preferred Contact Method _____

Parent/ Legal Guardian Information #2

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone:

() _____ Mobile Phone _____

Work Phone:

() _____ Email Address _____

Primary Language

_____ Preferred Contact Method _____

Child lives with:

Both parents Mother Father Other

Parent Information

Marital Status of Parent(s):	<input type="checkbox"/> Married (Stop Here)	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Remarried
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	
Biological Parent Having Custody	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Joint

If not living with other biological parent, please provide their name, address, and phone number:

Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>
-------------	--------------	-------------

Address:

<i>Street Address</i>	<i>Apartment/Unit #</i>
-----------------------	-------------------------

<i>City</i>	<i>State</i>	<i>ZIP Code</i>
-------------	--------------	-----------------

Home Phone:

()	Mobile Phone	
-------	--------------	--

Does the non-custodial parent have permission to remove the child from the school/school grounds for any reason?

Yes No

NOTE: We must have a copy of any legal papers on file. (Custody, Order for Protection, etc.)

Siblings

<u>Name</u>	<u>Living at home?</u>	<u>Age</u>	<u>Gender</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Reason for Referral:

- | | |
|---|--|
| <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Behavior excesses |
| <input type="checkbox"/> Speech and language concerns | <input type="checkbox"/> Sensory and OT concerns |
| <input type="checkbox"/> Due Process/ mediation | <input type="checkbox"/> Parent/advocate request |
| <input type="checkbox"/> Learning behavior concerns | <input type="checkbox"/> Other |

Please describe the primary reason for referral and what improvements you hope to achieve as a result of placement

2. Challenging Behaviors: *Please list all behaviors of concern, current frequency-number of times per day/week, and intensity- do they cause injury/property damage?*

3. History of Substance Abuse/ Weapons Use:

4. Allergies or Dietary Restrictions:

5. History of Hospitalizations Related to Diagnoses / Behaviors to be Addressed with ABA Therapy (*if possible, include reason for hospitalization, date of admission and date of discharge*):

**6. History of Challenges Related to Activities of Daily Living
Toilet Training: Yes No Comments:**

7. History of Services, Interventions, Supports, Therapies, Including ABA Therapy:

Service	Location	Start Date	End Date	Reason for Discontinuing/ Effectiveness
Early Intervention Services	<input type="checkbox"/> Home <input type="checkbox"/> School			
Applied Behavior Analysis (ABA)	<input type="checkbox"/> Home <input type="checkbox"/> School			
Floor time (DIR)	<input type="checkbox"/> Home <input type="checkbox"/> School			
RDI	<input type="checkbox"/> Home <input type="checkbox"/> School			
Speech and/or Language Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Occupational Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Physical Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Vision Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Hearing Therapy	<input type="checkbox"/> Home <input type="checkbox"/> School			
Other:	<input type="checkbox"/> Home <input type="checkbox"/> School			
Other:	<input type="checkbox"/> Home <input type="checkbox"/> School			
Other:	<input type="checkbox"/> Home <input type="checkbox"/> School			

8. Current Communication Method(s), such as verbal, sign language, picture communication, AAC device:

9. Level of communication:

Can the prospective student communicate:

a. Wants and Needs:

b. Label Items In Environment (e.g., cup, chair, book):

c. Engage in Conversation:

10. Problem Times - List Times of Day/Activities when challenging behaviors are likely to occur:

11. Antecedents to Challenging Behaviors (common triggers):

12. Consequences for Challenging Behaviors:

13. Areas of Strength:

14. Areas of Weakness / Skill Deficits:

15. Likes / Interests:

16. Dislikes / Challenges

17. Please list any safety concerns (flight risk, etc):

18. Parent / Caregiver Concerns & Priorities:

19. Spiritual and/or cultural considerations you would like school to be aware of:

20. Additional Information You Would Like Us to Be Aware of:

Holtz Educational Center does not and shall not discriminate against students or families due to their race, color, religion (creed), gender, gender expression, age, national origin (ancestry), type of disability, marital status, sexual orientation, or military status, in any of its activities or operations; nor does "The School" discriminate in the development or administration of its educational policies, admissions policies, or any school-administered programs.

I affirm that all information included in this application is true and correct. I understand that all requests for placement and admission are subject to all laws, policies and procedures related to the Individualized Education Plan and are subject to review and approval by Holtz Educational Center.

Signature of Parent/Guardian

Parent/Guardian (please print)

Date