lift EDUCATIONAL ACADEMY

STUDENT APPLICATION FOR ADMISSION

EMAIL: info@lifteducationalacademy.com CALL: 800-613-6463

Please fill this form out to the best of your knowledge and write N/A if not applicable

Name of Student : ______________________________

Grade Entering : ______________ Date of Birth : ______________

Age : ______________ Gender : ☐ Male ☐ Female

Address : ______________________________

____

Mother (First, Last) : ______________ Occupation : ______________

Phone (h) : ______________ (w) : ______________ (c) : ______________

Mother's Email : ______________________________

Father (First, Last) : ______________ Occupation : ______________

Phone (h) : ______________ (w) : ______________ (c) : ______________

Father's Email: ______________________________

Guardian (First, Last) : ______________ Occupation : ______________

Phone (h) : ______________ (w) : ______________ (c) : ______________

Guardian's Relationship to Student : ______________________________

Guardian's Email : ______________________________

Form being filled out by? ______________________________

Whom may we thank for referring you to us? ______________________________

LEARNING CHALLENGES

Has your child ever had a psychological evaluation? If yes, please explain: ______________________________

____

Indicate any diagnosis/labels/disorders that have been used to describe your child: ☐ ADD ☐ ADHD ☐ Learning Disability

☐ Dyslexia/Reading Problem ☐ Math Disorder ☐ Autistic/Asperger's/PDD ☐ Speech/Language Disorder ☐ Other

____

Give a brief statement of the primary reason for enrollment at LiFT Educational Academy including concerns you've had about your child: ______________________________

____

How long have you been concerned, and when and how do you feel these difficulties developed? ______________________________

____

____

Do you feel your child is aware of the problem? ☐ Yes ☐ No Please explain: ______________________________

____

What concerns, if any, do you feel your child's previous school had about them? ______________________________

____

To what extent do you agree with the school's concerns? ______________________________

____

Do you believe your child would want to be part of the solution? ______________________________

____

What do you believe are your child's strengths and targets? (Academic, Social, Athletic, etc) ______________________________

____

____

ACADEMIC HISTORY

Indicate any problems in the following areas:

☐ Reading fluency	☐ Reversal of letters or words	☐ Reading Comprehension	☐ Motivation/behavior
☐ Writing	☐ Loses place/Skips Lines	☐ Avoidance of schoolwork	☐ Low Self-esteem
☐ Math	☐ Poor Memory	☐ Works too hard on school work	☐ Overly active
☐ Spelling	☐ Attention/Concentration	☐ Slow work	☐ Other:____________________

Past schools attended (names/years): ____

____

Is your child achieving at expected levels in school? ☐ Yes ☐ No Please explain: ______________________

____

Type of classroom :

☐ Mainstream for all subjects ☐ Special classroom for all subjects ☐ Special classroom for some subjects

List any past or current help, training, or tutoring for the above problems: ______________________

____

Has your child ever repeated a grade? ☐ Yes ☐ No Please explain: ______________________________

____

Does your child have an IEP, 504 plan, or other school services? ☐ Yes ☐ No Please explain: ______________

____

Does your child receive any special accommodations (Example: extended time for tests)? Please explain: __________

____

What are your child's favorite subjects? ____

What are your child's least favorite subjects and why? ____________________________________

____

DEVELOPMENTAL AND MEDICAL HISTORY

Birth was: ☐ Premature ☐ Late ☐ Normal

When your child was born, were there any medical concerns during labor, delivery, or shortly after his/her birth? ☐ Yes ☐ No

Please explain: ______________________________

Was your child exposed to any drugs or alcohol in utero? ☐ Yes ☐ No Please explain: ______________________________

____

To the best of your knowledge, at what age did your child comfortably separate from mother? ______________________________

____

Does your child sleep through the night? ☐ Yes ☐ No Please explain: ______________________________

At what time does your child usually go to sleep, fall asleep, and wake up? ______________________________

____

Since age 3 ½, has your child had, or does he/she now have a problem with bed wetting? If you, has your child been evaluated by their pediatrician? Please explain: ______________________________

____

List all major health problems to date: ______________________________

____

List current medications, including dosage, reason, and prescribing doctor: ______________________________

____

List of recentmedications including the duration and purpose: ______________________________

____

History of seizures? ☐ Yes ☐ No Please explain: ______________________________

____

History of head trauma? ☐ Yes ☐ No Please explain: ______________________________

____

History of hospitalizations/surgeries? ☐ Yes ☐ No Please explain: ______________________________

____

Have you taken your child to any specialist for consultation? (If yes, provide name, specialty, reason, and results) (Example – Neurologist). ______________________________

FAMILY HISTORY

Who does child reside with? ____

How many brothers or sisters? Names? How old are they? ____

____

Has your child experienced parental divorce? ☐ Yes ☐ No

If so, how old was your child? ____________ If so, with whom does your child live?____

Describe your child's relationship with you: ____

____

Describe your child's relationship with their other parent/guardian(s): ____

____

Describe your child's relationship with their sibling(s): ____

____

What, if any, are your child's responsibilities at home? ____

Name, age, and relationship of any additional individuals residing in the client's home: ____

____

Who is the main disciplinarian in the family and how would you describe their discipline style? ____

____

Are both parents usually in agreement regarding child rearing and discipline? Please explain: ____

____

Is your child a disciplinary problem to yourself or others? ☐ Yes ☐ No Please explain:____

____

____

What is the primary language spoken at home? ____

SOCIAL-EMOTIONAL DEVELOPMENT

How would you describe what age group of children your child prefers, what kind of play, and does your child play well with others? (i.e., active, formal sports, team sports, fantasy alone play, etc.) ____

____

____

Does your child have any trouble establishing or maintaining friends? ____

____

Does your child have a preference for adopting the role of leader or follower (Will he/she conform to peer-pressure)? ______

____

What does your child enjoy doing in their spare time? ____

Has there been any significant decline in interest and/or participation in his/her hobbies or activities described above?

Please explain: ____

____

Do other children pick-on or reject your child? ☐ Yes ☐ No Please explain: ____

____

____

What do you see as your child's personality strengths? ____

____

____

Please read each of the following statements and rate your child according to the following scale.

0 = does not apply 1 = rarely 2= often 3 = always

pre-LIFT	Sensory & Sensory Motor
	Bothered by textures on body face or hands, having nails cut, hair combed
	Bothered by background noise, loud, unexpected sounds
	Avoids movement activities (swings, climbing, playground activities)
	Doesn't feel pain, doesn't notice when touched
	Avoids eye contact
	Unaware of body sensations such as hunger, hot cold, need to use toilet
	Doesn't seem to notice sensory stimuli (smells, noisy crowded places)
	Constantly on the move, seeks intense crashing or rough play
	Has difficulty sitting still, wiggles a lot, especially if trying to pay attention
	Makes disruptive noises or sounds
	Has poor balance, falls easily, avoids balance-related activities (bike riding)
	Has poor endurance, is weak and gets tired easily, avoids physical activity
	Slumps when sits in a chair or on the floor, uses arms/hands to support self
	Difficulty learning new motor activities or those requiring steps
	Clumsy, awkward, accident prone, bumping into people or objects
	Difficulty organizing/takes a long time to perform daily life tasks
	Struggles with fine motor skills, like handwriting
	Dislikes or avoids group sports
	Visual difficulty: often loses place, eyes skip one or more lines
	Cannot follow directions in a noisy environment
	Has difficulty completing puzzles
	Has difficulty identifying different sounds or letters
	Has difficulty judging force required for a task
	Cannot find pictures hidden in background
	Difficulty finding numbers or words on page (esp. math or reading tasks)

pre-LIFT	Organization/Attention/ Cognitive
	Is distracted easily, not able to stay on task
	Has poor short-term memory
	Must re-read schoolwork several times to comprehend
	Has difficulty finding clothes, getting dressed in the morning
	Planning ahead is difficult, prefers to avoid planning at all
	Disorganized with school assignments, belongings, schedule
	Can't remember sequential tasks (e.g. do A, then B, then C)
	Often fails to begin or to complete tasks or projects unless helped

pre-LIFT	Social/Emotional
	Irritable, short-tempered
	Easily overwhelmed, frustrated by daily life activities
	Does not transition smoothly from one activity to another
	Has difficulty making and keeping friends
	Does not sleep well, can't get enough rest
	Lacks confidence with new environments and new tasks
	Has frequent mood fluctuations
	Is not affectionate, not touching or hugging
	Is needy, lacks independence, low self-reliance, low self-esteem
	Lack of tactfulness, acts impulsively
	Response to situations appears immature for age
	Anxious, bites nails, face and body not relaxed

pre-LIFT	Auditory/Language
	Difficulty following what others are saying
	Misuses or confuses words and sounds
	Needs instructions repeated, needs visual cues (What? Huh?)
	Difficulty to understand, cannot speak clearly
	Difficulty with spelling
	Unable to recognize or repeat rhymes or songs
	Does not like to sing or hum
	Difficulty interpreting tone of voice – e.g., angry vs. joking
	Tendency to ramble, cannot "get to the point"
	Poor grammar, does not speak in complete sentences
	Mumbles, has monotone voice
	Slow to react to speech
	Needs to be given directions repeatedly before responding
	Lack of understanding what is said, needs explanations

Study Skills Inventory : Here are some statements about study habits. Read each statement and consider how it applies to your child. If the statement describes what your child really does, **write a T for True**. If the statement does not describe what your child really does, then **write an F for False**.

STUDY HABITS

____ 1. They have a regular study time.

____ 2. *They listen to the radio or watch TV as they study.

____ 3. As they study, they try to express in their own words what the book is saying.

____ 4. *Their study time is interrupted by phone calls or talking to people.

____ 5. They read the assigned reading before the lecture to help them grasp the topic that will be discussed.

____ 6. Before reading about a topic, they look over the material to see what it is about.

____ 7. They study course material when assigned and not just before the test.

____ 8. They prepare a "to-do" list daily.

____ 9. They practice the materials they are learning by reciting out loud.

____ 10. When they come across a word or phrase in the text in which they are unfamiliar, they look it up and then continue reading after they understand what the word means.

TAKING NOTES

____ 11. If they have trouble understanding material in a class, they ask for clarification.

____ 12. Before a class starts, they review yesterday's lecture notes.

____ 13. They organize their notes regularly in a meaningful manner (such as outline form or visual mapping, etc.).

READING

____ 14. They almost always take notes when they read their assignments.

____ 15. When reading a textbook, they mark or underline parts that they think are important.

____ 16. They find it difficult to know what is important in a chapter.

TEST TAKING

____ 17. *They panic before or during a test.

____ 18. They'd rather take their time to finish well that be the first to finish.

____ 19. If they have any time left, they check over their test to avoid errors.

____ 20. They begin to study several days before an exam, rather than cram the day before.