



The Academy
AT RIVERDALE

1600 Riverfront Drive
Little Rock, AR 72202

Easterseals Academy at Riverdale

Application Questionnaire

Date: _____

Student Name: _____

Last

First

Middle

Parent/Guardian(s): _____

Address: _____

Phone:(H) _____ (C) _____ (W) _____

Current School: _____ Grade: _____

Name of person completing this from: _____

Relationship to student: _____

Who referred you to Easterseals Academy at Riverdale? _____

Student Information

DOB: _____ Current Age: _____ Male Female

SSN: _____ Height: _____ Weight: _____

Does your child have a primary diagnosis? Yes No

What is your child's primary diagnosis?

If undiagnosed please explain learning issues/difficulties:

Has your student been seen by a psychologist, therapist, or psychiatrist?
(Click on appropriate box(es))

If yes, please explain: _____

(Check all that apply)

Does your student need: Speech Therapy Occupational Therapy Physical Therapy?

Insurance Information

Name _____

Group Number _____

Policy Number _____

PCP _____

Is your student covered under Medicaid Waiver? Yes No

Medicaid Number _____

AR Kids Number A _____

AR Kids Number B _____

Tefra _____

MEDICAL INFORMATION

List all current medical issues: _____

List all medications, how often and for what?

Does student require administration of medication during school hours? Yes No

If yes, which medications?

Are all immunizations up to date? Yes No

List all allergies about which the school needs to know: _____

Last hearing and vision exam and results: _____

(Check all that apply)

Does student wear: orthopedic appliances, special shoes or inserts, glasses/contacts, dentures, braces, retainers, hearing aids, cochlear implant,

other?

Does student have any history of convulsions, seizures, or epilepsy? Yes No

If yes, date of last seizure? _____

Does student have any respiratory or breathing issues? Yes No

If yes, please explain: _____

Does student have any feeding issues? Yes No

If yes, please explain: _____

Does student have any sensory issues? Yes No

If yes, please explain: _____

Family Information

Father's Name _____ Mother's Name _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Home Email: _____ Home Email: _____

Work Phone: _____ Work Phone: _____

Work Email: _____ Work Email: _____

Parents' Marital status: Married Separated Divorced Widowed

Who has legal custody of student? _____

Please list two persons to notify in case of emergency:

Name: _____ Name: _____

Address _____ Address _____
 Telephone _____ Telephone _____
 Cell phone _____ Cell phone _____

List all persons living in the home:

Name	Age	Relationship to child

Developmental History

Describe your student's activity level

Does your student have any unusual or extreme reactions or behaviors? Yes No

If yes, please describe:

Is your student extremely sensitive to noises, crowds, touch, bright lights, or clothing? Yes No

Does your student enjoy swinging, spinning, or firm hugs? Yes No

Thinking about your student, *in general*, please mark the appropriate response:

Awareness Skills

Ability to focus on an activity (check one) 15 min 20 min 30 min

Explain any difficulties in this area _____

Communication Ability

Please check the response that *best* describes the way your student communicates

- Communicates needs verbally non-verbally
- Communicates needs with one or two words partial sentences complete sentences
- speech device sign language

Expressive Communication Ability

- Makes verbal conversation Always Sometimes Never
- Family understands the student Always Sometimes Never
- Others understand the student Always Sometimes Never
- Makes eye contact Always Sometimes Never
- Uses words to describe objects, pictures Always Sometimes Never
- Makes gestures (smiles, waves, hugs) Always Sometimes Never
- Makes sounds (to get attention, to point out needs) Always Sometimes Never
- Makes sounds regarding needs Always Sometimes Never
- Imitates sounds (dog, cat, cow, etc.) Always Sometimes Never
- Points out or says name Always Sometimes Never
- Points out or says age Always Sometimes Never
- Points out or names objects Always Sometimes Never

Explain any difficulties in these areas: _____

Receptive Communication Ability

- Recognizes own name when called Yes No Sometimes
- Reacts or responds when spoken to Yes No Sometimes
- Responds appropriately to simple one-step instructions Yes No Sometimes
- Responds appropriately to two or three step instructions Yes No Sometimes
- Responds appropriately to instructions given in a small group situation (e.g. line up for snack, lunch, and/or to go home, or transition from reading to math, etc) Yes No Sometimes
- Names objects when asked Yes No Sometimes
- Points out objects and pictures correctly when asked Yes No Sometimes
- Matches objects and pictures when asked Yes No Sometimes

Explain any difficulties in these areas: _____

Dressing and Undressing

- Your student dresses, undresses without assistance Yes No Sometimes
- Requires some assistance with dressing, undressing Yes No Sometimes
- Requires total assistance with dressing, undressing Yes No Sometimes

Explain any difficulties in these areas: _____

Eating and Drinking

- Does your student have any issues with chewing or swallowing? Yes No Sometimes
- Requires pureed and/or soft foods from a spoon Yes No Sometimes
- Uses a cup for drinking Yes No Sometimes
- Chews semi-solid food Yes No Sometimes
- Eats finger foods if pre-cut Yes No Sometimes
- Uses a straw for drinking Yes No Sometimes
- Uses a utensils easily Yes No Sometimes
- Unwraps and/or opens containers Yes No Sometimes
- Opens drink containers Yes No Sometimes

Explain any difficulties in these areas: _____

Motor Skills

Is student right or left handed? _____

- Moves objects from one hand to another Yes No Sometimes
- Catches a rolled ball Yes No Sometimes
- Catches a bounced ball Yes No Sometimes
- Catches a ball from a short distance Yes No Sometimes
- Catches a ball from a long distance Yes No Sometimes
- Kicks a ball that is positioned on the ground Yes No Sometimes
- Kicks a ball that is rolling Yes No Sometimes
- Walks with some assistance Yes No Sometimes
- Rides a bike Yes No Sometimes
- Walks up and down steps with assistance Yes No Sometimes

Explain any difficulties in these areas: _____

Social/Behavioral

- Demonstrates awareness of others Yes No Sometimes
- Interacts with others Yes No Sometimes
- Initiates interaction with others Yes No Sometimes
- Does not interact with others Yes No Sometimes
- Interacts cooperatively with one participant Yes No Sometimes
- Interacts cooperatively with a small group Yes No Sometimes

- of participants
- Takes responsibility for personal belongings Yes No Sometimes
 - Is aware of safety concerns when at school and out in the community (traffic, staying with group, etc) Yes No Sometimes
 - Understands how to take turns Yes No Sometimes
 - Understands and engages in competitive behavior appropriately Yes No Sometimes
 - Aggressive in competitive behavior Yes No Sometimes
 - Passive in competitive behavior Yes No Sometimes
 - Appropriate communication and behavior in an argument/conflict situation (maintains emotional and physical control and verbally responds appropriately) Yes No Sometimes
 - Responds appropriately to authority Yes No Sometimes
 - Defies or actively resists authority Yes No Sometimes
 - Overly passive with authority Yes No Sometimes
 - High tolerance for frustration Yes No Sometimes
 - Average tolerance for frustration Yes No Sometimes
 - Low tolerance for frustration Yes No Sometimes
 - Displays frequent frustration behavior Yes No Sometimes

Explain any difficulties in these areas: _____

Toileting/Hygiene Skills

Please check the most appropriate description of your student

- Wears a diaper Yes No Sometimes
- Verbalizes need to use toilet Yes No Sometimes
- Uses toilet with assistance Yes No Sometimes
- Uses toilet with verbal instruction Yes No Sometimes
- Uses toilet without assistance Yes No Sometimes
- Washes hands with assistance Yes No Sometimes
- Washes hands with verbal instruction Yes No Sometimes
- Washes hands without instruction Yes No Sometimes

Explain any difficulties in these areas: _____

Behavior Management

- Has your student ever been placed on a behavior plan? Yes No
- Has your student been placed on a behavior plan in the last 6 months? Yes No

- Does your student interact appropriately with peers? Yes No

Please list technique that has been used at home or school to proactively manage your student's behavior (for example, describe a reward system, pinpoint things that may cause behavior changes, give words or phrases used to reduce negative behavior, etc.)

Name some activities used to promote and/or reward positive behavior

Recreation

My student has played and enjoys the following sports: (Indicate years of participation, e.g. 3, 2, 1 yr)

What recreation skills would you like to see your student develop?

Does student have a hobby? (Please describe)

Other Information (If not applicable, please write N/A)

Please provide detailed information regarding any other information the school would need to know about your student:

SCHOOL HISTORY

Is student attending school now? Yes No

Please list the schools your student has attended, beginning with the current school and the reason for leaving.

School	Reason for leaving

Current reading level: _____

Does student enjoy reading? Yes No

Does student enjoy being read to? Yes No

Place an 'x' in the appropriate box:

READING	Yes	No	N/A
Has problems reading			
Has trouble with comprehension			
Has trouble sounding out letters or words			
Spells poorly			
Loses place while reading			
Slows down when reading aloud			
Exhibits poor sight word vocabulary			
LANGUAGE			
Has difficulty with articulation			
Has poor expressive language			
Uses vocabulary poorly			
Uses poor grammar			
Handwriting			
Has poor fine motor skills			
Has difficulty writing			
Has difficulty tracing and drawing			

REASONING	Yes	No	N/A
Has poor logical reasoning or thinking skills			
Has difficulty with abstract concepts			
Is slow in completing tasks			
MATHEMATICS	Yes	No	N/A
Has difficulty with math			
Has poor number concepts			
Has trouble with math computation			

Doesn't understand word problems			
Can't apply math skills to solve problems			

Explain any other reading problems: _____

Explain any other math problems: _____

Does student like school? Yes No

Does student enjoy any particular subject or activity at school? Yes No

If yes, please explain: _____

Does student enjoy interacting with other students at school? Yes No

List anything that has caused problems for student in the classroom. Please try to be very specific
 And list as many issues as you think necessary (i.e. too loud, too many students, boring, couldn't
 see board,
 etc.)

Does student currently have an aide in the classroom? Yes No

If yes, please explain: _____

Was there any history of behavior problems in school?

Yes No

If yes, please explain:

How were they handled?

Did you agree with the way in which problems were handled?

Yes No

If no, what would you do differently?

What do you like best about your student's current educational setting?

What do you like least about your student's current educational setting?

Please explain your educational goals and expectations for this student:

What are your expectations for your student's school?

Please give any additional information that you think might be important, or anything that might help your student succeed:

Why do you think The Academy at Riverdale might be a good fit for your student? _____

List student's interests and hobbies: _____

List extracurricular activities in which student has participated: _____

In what areas does student have the greatest difficulties: _____

What are some of student's strengths? _____

What are some things that motivate your student? _____
