

<i>For office use only</i>			
<i>Last name</i>		<i>Date received</i>	<i>Current grade</i>
Application fee: <input type="checkbox"/> <i>y</i> <input type="checkbox"/> <i>n</i>		Signed release: <input type="checkbox"/> <i>y</i> <input type="checkbox"/> <i>n</i>	

The Springstone School

Student Information	
Name:	
Pronouns:	Date of Birth:
Street:	
City, State, Zip Code:	
Diagnosis (if any):	
Current Grade:	Current School:
Family Information	
Parent 1 Name:	Occupation/Employer:
Street:	
City, State, Zip Code:	
Preferred Phone:	Email:
Alt. Phone:	
Parent 2 Name:	Occupation/Employer:
Street:	
City, State, Zip Code:	
Phone:	Email:
Alt. Phone:	
Siblings:	

Feel free to include a photograph of your student.

How did you hear about Springstone?

What school year and grade level are you seeking to enroll your child with Springstone?

Past and Present Services (fill those that apply)		
Service	Provider	Dates of Service
Occ. Therapy		
Speech and Language		
Psychologist		
Tutor		
Social Skills		
Other		

Please list up to three professionals who are working with your child at the present time whom we may contact:

Name	Title	Phone	E-mail address

Medical history:

Past and present medications:

Springstone Questionnaire

Please check the appropriate answer.

1. Is your child able to recognize body language cues that accompany conversation?

Yes ☐ No ☐

2. Does your child's body language match what they say?

Yes ☐ No ☐

3. Is your child able to join a group of peers easily?

Yes ☐ No ☐

4. Is your child able to stay on the topic of a conversation?

Yes ☐ No ☐

5. Is your child able to take turns in a conversation?

Yes ☐ No ☐

6. Does your child demonstrate a broad range of interests?

Yes ☐ No ☐

7. When requested to stop, is your child able to stop what they are doing?

Yes ☐ No ☐

8. Is your child able to calm themselves down when upset?

Yes ☐ No ☐

9. When frustrated, can your child calm down within 5 minutes?

Yes ☐ No ☐

10. Do you need to physically restrain your child when they are upset?

Yes ☐ No ☐

11. Is your child able to control their anger appropriately?

Yes ☐ No ☐

12. Does your child associate with children their own age?

Yes ☐ No ☐

13. Does your child have an established group of friends at school?

Yes ☐ No ☐

14. Does your child connect with adults more than peers?

Yes ☐ No ☐

15. Can your child type on a word document?

Yes ☐ No ☐

16. Is your child able to use the Internet appropriately?

Yes ☐ No ☐

17. Is your child able to transition from task to task easily?

Yes ☐ No ☐

18. Is your child able to attend to a task for 20 minutes?

Yes ☐ No ☐

19. Does your child require frequent repetitions of instructions?

Yes ☐ No ☐

20. Does your child have, or have they ever had a Behavior Support Plan (BSP)?

Yes ☐ No ☐

21. Is your child overly sensitive to touch, sound, smells, etc?

Yes ☐ No ☐

22. Can your child walk up to 3 miles without support?

Yes ☐ No ☐

23. Can your child independently tell a merchant what they would like to order?

Yes ☐ No ☐

24. Can your child independently make small purchases from a merchant?

Yes ☐ No ☐

25. Has your child ever had a one to one aide in classroom settings or at home?

Yes ☐ No ☐

26. Does your child currently or have they in the past received mental health services privately or through their home district?

Yes ☐ No ☐

27. Does your child know that they have a disability?

Yes ☐ No ☐

Please list your child's strengths:

Please identify your child's interests:

Describe what your child looks like when they are happy -- what behaviors do they exhibit?

What behaviors do they exhibit when they are frustrated?

Does your child have any extreme fears or obsessions? Describe them.

Describe your child's current performance in school:

Are your child's needs being met in their current school program?

How did your child fair during distance learning?

How does your child respond to direct feedback, support, and guidance from an adult?

Please describe why you are currently seeking Springstone's services.

Please also send in your child's current IEP, recent grades and school records, and reports from formal assessments (Occupational Therapy, Speech and Language, Neuropsychological, etc.).

Send application and the \$150 application fee to:
The Springstone School, 1035 Carol Lane, Lafayette, CA 94549

Release of Information

I, _____, hereby authorize The Springstone School administrative staff to obtain confidential student information for the following student:

Student Name

I understand that the staff may receive copies of any psychological, academic, medical or other reports relevant to my child and their education.

Signature of Parent/Guardian

Date

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