



## Application For Admission 2017-2018

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

### **Child's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Child's Preference of Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### **1<sup>st</sup> Parent/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **2<sup>nd</sup> Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Educational History:**

Where does your child currently attend school? Describe the classroom they are in. What do you like/dislike about this setting?

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Describe which environments/teaching methods work best for your child. Do they need a quiet workspace? Are they a visual learner? Do they learn well in a group? Are there any environments/teaching methods you know that do not work well for your child?

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Does your child have a current IEP? If so, do you feel your child is meeting these goals?

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What interests does your child have outside of school?

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**Biomedical and Therapeutic Information:**

Does your child have any current physical or mental health needs that you are addressing? What medications/therapies are you using to address these needs?

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Does your child have any food allergies or dietary restrictions?

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What specialized therapies does your child receive? Ex: Speech Therapy, Applied Behavioral Analysis, Occupational Therapy, Physical Therapy, etc.

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**Getting to know your child:**

Describe your child's strengths and challenges.

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How does your child interact with other peers?

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Describe your child's response to routines and transitions, both at school and at home.

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Is your child independent in the bathroom? If not, what do they need assistance with?

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Does your child have any fears or anxiety? If so, what have you found helpful in managing their fears or anxiety?

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Describe your child's typical demeanor (i.e. attention seeking, calm, anxious, mood fluctuations)

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What is your child’s primary method of communication (verbal, written, augmentative, sign)? Describe how your child uses language.

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Can your child follow simple, one-step directions?

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Does your child exhibit aggression in any form? If so, is this aggression toward self (head banging, hitting self or biting self) and/or toward others?

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Is there anything else you would like us to know about your child?

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