

**YOUNG LEARNERS PRE-SCHOOL
& EARLY INTERVENTION CENTER**

Thank you for your interest in the Young Learners Therapeutic Preschool & Early Intervention Center. Enclosed you will find a description of our admissions procedures, along with an application. Please complete the application forms to the best of your ability, as this information will assist our admissions team in identifying your child's needs.

The admissions department will contact you, once all of the documentation has been received, in order to set up an interview with both you and your child. The interview is usually 1 to 1½ hours in length. The admissions evaluator may contact professionals who are familiar with your child to broaden the overall perspective of your child's specific needs. Once all pertinent information has been gathered it will be presented to the Admissions Committee. You will be informed of the results as soon as a decision has been made. The entire process usually takes two to four weeks after the complete application is received.

PLEASE RETURN YOUR APPLICATION AND ALL DOCUMENTS TO:

**Young Learners Preschool
& Early Intervention Center
Attention: Admissions Department
13130 Burbank Blvd.
Sherman Oaks, CA 91401**

DATE: _____

Please check each box to make sure all of the following are included. *(If not applicable, please mark N/A)*

- Completed Application
- Recent photo of your child
- The most recent **annual IEP (if any)**, and all subsequent addenda
- Copy of the referral letter from your school district

Documentation as to the nature of your child’s needs including but not limited to:

- Medical Evaluations
- Psychological Evaluations (including Regional Center evaluations)
- Department of Mental Health 3632 Evaluation
- School District Evaluations
- Speech and Language Evaluations
- Occupational Therapy Evaluations
- Other Evaluations (please list): _____

AUTHORIZATION AND AGREEMENT

“I authorize investigation of all statements contained in this Application for Admission to the educational program as may be necessary in arriving at an admission decision. In the event of admission, I agree that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission. I understand also that continued admission to the educational program requires the student to abide by all rules and regulations of the educational institution.”

Parent/Legal Guardian

Parent/Legal Guardian

YOUNG LEARNERS PRE-SCHOOL & EARLY INTERVENTION CENTER

Child's Name _____ Birthdate _____ Age _____ Gender _____

Address _____ Home Phone (_____) _____

MediCal # _____ SS # _____ Place of Birth _____

Mother's Name _____ DOB _____ Home Phone (_____) _____

Cell Phone/Page # (_____) _____ E-mail address _____

Home Address _____ City _____ Zip _____

Job Title/Position _____ Business Phone (_____) _____

Employer _____

Address _____

Father's Name _____ DOB _____ Home Phone (_____) _____

Cell Phone/Pager # (_____) _____ E-mail address _____

Home Address _____ City _____ Zip _____

Job Title/Position _____ Business Phone (_____) _____

Employer _____

Address _____

PREFERRED METHOD OF CONTACT:

PHONE **E-MAIL** **EITHER**
(Circle: Home Cell Work)

FAMILY MEMBERS/SIBLINGS:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Is your child adopted? Yes At what age? _____ NO

Primary language? _____ Languages spoken in the home: _____

If parents are separated or divorced:

Date of separation or divorce _____ Child's age at time of divorce _____

Current custody arrangement (Please enclose court documents) _____

I. DEVELOPMENTAL HISTORY:

Place of Birth _____ Duration of pregnancy (in weeks) _____

Please, list any complications during the pregnancy _____

Please, list any complications during the delivery _____

Delivery:

Type of labor: spontaneous Induced Duration of labor _____

Type of delivery: Normal Caesarean Breach Forceps Birth weight _____ Length (in.) _____

II. MILESTONES:

Please indicate the age at which your child reached the following developmental milestones to the best of your ability (if not yet achieved, mark NY):

Smiled _____ Sat without support _____ Crawled _____ Stood without support _____

Walked without assistance _____ Able to climb stairs _____ Rode tricycle _____

Buttoned clothing _____ Tied shoelaces _____ Wrote name _____ Ran _____

Hopped on 1 foot _____ Skipped _____ Jumped _____ Toiled trained (day) _____

Toiled trained (night) _____ Toiled trained by whom? _____

Please indicate if any of the following circumstances ever applied to your child and describe:

Did not enjoy cuddling _____

Was not calmed by being held and stroked _____

Colic Yes No Length of time _____

Frequent head banging Yes No

Frequently placed self in harmful situations Yes No

Excessive number of accidents/injuries compared to other children Yes No

Do you consider your child to understand directions and situations as well as other children his or her age?

Yes No Please explain _____

Please rate your child's overall level of intelligence compared to other children:

Below average Average Above average

III. LANGUAGE DEVELOPMENT:

At what age did your child babble? _____ Produce his/her first words? _____

Speak in two-word phrases? _____ Speak in sentences? _____

Did your child ever have words that she/he later seemed to have "lost" or forgotten? _____

Does your child have difficulty making eye contact? _____

Does your child exhibit stereotyped or repetitive speech and/or interests (such as watching the same video or saying the same word over and over again?) _____

What is the approximate number of words that your child currently speaks? _____

Has your child had a speech and language evaluation? _____

If yes, by whom? _____ (_____)
Name of Service Provider Phone Number

IV. SOCIAL HISTORY:

A. Does your child have difficulty transitioning between tasks? _____

If yes, please describe behavior while transitioning _____

B. Does your child exhibit any repetitive motor movements (hand flapping, spinning, etc.)? _____

If yes, please describe behavior _____

C. Does your child engage in imaginative or make believe play? _____

Does he/she do so in the presence of other children? _____

D. Does your child ever engage in: hitting? kicking? biting? scratching? pushing?

Under what circumstances? _____

Please, list any personal or family stressors that occurred during pregnancy or post-birth up to present date (death in family, divorce, trauma, illness, separations, birth of siblings, etc.):

V. MEDICAL HISTORY:

Has your child received a diagnostic evaluation? Yes No

What were the diagnostic results of this evaluation? _____

Does the applicant have any chronic or serious health problems? Yes No

If yes, please describe: _____

Does the applicant have any health restrictions or limitations? Yes No

If yes, please describe: _____

Does the applicant have any allergies? Yes No

If yes, please describe: _____

Is there a history of the applicant taking medications? Yes No

If yes, please list:

<u>MEDICATION*</u>	<u>DOSAGE/TIMES</u>	<u>PRESCRIBING DR.</u>	<u>PURPOSE</u>
_____*	_____	_____	_____
_____*	_____	_____	_____
_____*	_____	_____	_____

***Please indicate month/year of initiation and month/year of discontinuation**

Has your child been hospitalized for any reason? Yes No (If yes, please explain below)

Reason: _____

Age: _____ Diagnosis: _____

Duration: _____

VI. SCHOOL HISTORY:

Name of current school Grade Current teacher's name

Street address City State Zip Code

(_____) _____
Phone number Date started Ending date

Please describe your child's most recent school program and reason for change (i.e., special education, full inclusion, types of children served, etc.):

Please describe your child's strengths:

When and how did your child's special needs become apparent?

Is there any additional information that you feel would be helpful in evaluating your child?

VII. IEP INFORMATION AND FUNDING SOURCE

Please enclose a copy of your child's **two most recent annual IEPs, and all subsequent addenda**. If your child does not have a current IEP, please state where you are in the IEP process. Do you currently have:

Valid I.E.P. with Non Public School designation YES NO

I.E.P. meeting with district to receive NPS funding YES NO

If IEP meeting set, please indicate date: _____

Mediation Agreement YES NO

If Mediation Agreement meeting set, please indicate date: _____

Fair Hearing YES NO

If Fair Hearing meeting set, please indicate date: _____

Will fund privately YES NO

ASSISTED/REPRESENTED BY: SELF ADVOCATE ATTORNEY
Name: _____

SEEKING PLACEMENT FOR: ASAP FALL SPRING SUMMER

VIII. REFERRAL SOURCE

Please provide the following information regarding the person or organization that referred you to The Help Group.

1. _____
NAME

2. _____
NAME

TYPE OF REFERRAL

TYPE OF REFERRAL

AGENCY

AGENCY

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE NUMBER

PHONE NUMBER

QUALIFIED APPLICANTS ARE ADMITTED WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, OR GENDER