



**Legal Guardian:** \_\_\_\_\_

Home Phone

Cell Phone

Place of Employment

Occupation

Business Phone

EMAIL: \_\_\_\_\_

**III. Family/Home**

Siblings

Age

School/Grade Level

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other adults living with you other than the immediate family.

Name of Adult

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the Language used at Home? \_\_\_\_\_

Second languages or other languages the child is exposed to: \_\_\_\_\_

**IV. Child's Growth & Development**

1. Problems during birth/ growth & development: \_\_\_\_\_

2. Is there history of learning problems/developmental delays/issues in the family? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. General health at present: \_\_\_\_\_ poor \_\_\_\_\_ fair \_\_\_\_\_ good

4. Surgery, Major Illness, childhood diseases, high fevers, ear infections, injuries, operations. Give age of child with each \_\_\_\_\_

5. Allergies: \_\_\_\_\_

6. Is your child now receiving regular medication of any sort? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

7. Describe handicaps/ or chief problems if any? : \_\_\_\_\_

8. Have you ever sought consult (with a developmental pediatrician, psychologist, psychiatrist, Speech or Occupational Therapist) for your child ? \_\_\_\_\_

9. Has your child been recommended for further evaluation? \_\_\_\_\_

10. Has your child received intervention?(e.g. but not limited to Occupational Therapy, Speech and Language Program, Physical therapy, Psychotherapy, Counseling, etc. \_\_\_\_\_

11. If your child attended school or had private tutoring and/or therapy, fill in the following:

Name and Address of School/Center

Teacher/Therapist

Dates

# hours/wk

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Developmental Milestones

Receptive Language Skills	Age Expected	Age Acquired		Expressive Language Skills	Age Expected	Age Acquired
Localizing to sound (turning to direction of sound source)	1:0			Cooing	0:2-0:3	
Localizing to voice/name calling (turning to the direction of the speaker)	2:0			Babbling	0:4-0:6	
Following simple commands	3:0			Imitated adult sounds	0:6-1:0	
Recognizing names of familiar people and objects	2:0			First word (specific)	1:0	
Answering simple questions (yes/no)	3:0			2 word utterances	1:6-2:0	
Motor Skills	Age Expected	Age Acquired		Babbles but uses at least 20 single words correctly	1:3-1:6	
Crawling	0:7			Uses up to 50 words	2:0	
Sitting	0:7			Uses some pronouns, plurals, prepositions	2:0-3:0	
Standing alone	0:7-1:0			Uses sentences 4-6 words	3:0-4:0	
Walking alone	1:0			Easily understood by an adult, Asks meaning of unfamiliar words	5:0	
Feeding self	1:0					
Dressing self	3:0-5:0					

Reference: *Language Development: An Introduction (Owens, 9<sup>th</sup> Edition)*  
*Brigance Diagnostic Inventory of Early Development*

### V. Parenting and Schooling:

My Child spends most of his/her time with : \_\_\_\_\_ parent/s \_\_\_\_\_ nanny/caregiver \_\_\_\_\_ other relatives  
 \_\_\_\_\_ Siblings \_\_\_\_\_ Friends

Check one: \_\_\_\_\_ I/we believe in establishing routine. Or \_\_\_\_\_ I/we believe routine should be flexible and allows for a lot of changes according to our own activities (parent's work/ career, family activities, etc.,)

My child follows this routine at home: wake up time: \_\_\_\_\_ bed time: \_\_\_\_\_

Morning activities: \_\_\_\_\_

Mid-morning activities: \_\_\_\_\_

Activities after lunch: \_\_\_\_\_

Afternoon activities: \_\_\_\_\_

Night time or routine after dinner: \_\_\_\_\_

I/ We believe in this/these (one or more) types of discipline practices:

\_\_\_\_\_ Spanking \_\_\_\_\_ time out \_\_\_\_\_ face the wall \_\_\_\_\_ explaining why it is wrong \_\_\_\_\_ grounding  
 \_\_\_\_\_ Verbal reprimanding specify \_\_\_\_\_

For each of the ff. pairs of statements, choose the more dominant statement to describe your beliefs:

\_\_\_\_\_ I/We believe children should be drilled in reading, writing and learning math as early as possible

\_\_\_\_\_ I/We believe children should be given more time to learn on their own and explore their surroundings.

\_\_\_\_\_ I/We believe children should be given homework at least three up to five times a week.

\_\_\_\_\_ I/We believe children should continue their learning at home through guidance and interaction with knowledgeable adults.

\_\_\_\_\_ I/We believe children should learn firstly, how to socialize and interact properly, secondly, academics.

\_\_\_\_\_ I/We believe that in order to be excellent, children should be immersed in academic work as often as possible.

\_\_\_\_\_ I/We believe in partnering with the school to help our child have a happy and successful school life.

\_\_\_\_\_ I/We believe it is the school's sole responsibility to enable our child to learn academic concepts.

\_\_\_\_\_ I/We believe in the inclusion philosophy where both neuro-typical learners and learners with special education needs interact and learn from each other.

\_\_\_\_\_ I/We believe that learners with special education needs have to be segregated in special education schools rather than included in a regular classroom.

\_\_\_\_\_ I/We believe children should learn about peace building, conflict resolution and non-violence as early as possible.

\_\_\_\_\_ I/We believe peace and socio-civic issues are too abstract or not applicable in my child's life context.

\_\_\_\_\_ I/We believe it is necessary for children to learn about ways to save the environment.

\_\_\_\_\_ I/We believe caring for the environment is still too difficult for our/my child to practice.

(For Filipinos)

\_\_\_\_\_ I/We believe children should learn about the Philippines and to speak Filipino in order to widen their understanding of themselves their own identity's role in the world

\_\_\_\_\_ I/We believe children should learn to speak English first because it is regarded as a global language.

**GOALS FOR MY CHILD:**

I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

RECEIVED BY:

CLP representative's

INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_