

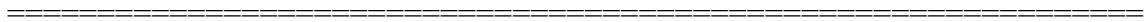


The King's Academy Discovery Program
New Student
School Year _____

Name of Student _____ Date _____
Birth date _____ Age _____ Grade (application year) _____ Gender M / F
Father _____ Occupation _____ Work Phone _____
Email _____ Cell Phone _____
Mother _____ Occupation _____ Work Phone _____
Email _____ Cell Phone _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Referred by _____

If TKA Discovery Program is full the child's name will be placed on the waiting list.

FAMILY HISTORY



Child is living with:

biological father stepfather biological mother stepmother
 adopted father adopted mother grandfather grandmother
 legal guardian other: _____

Since the child's birth there has been:

Reaction of child:

<input type="checkbox"/> death in the family	_____
<input type="checkbox"/> separation	_____
<input type="checkbox"/> divorce	_____
<input type="checkbox"/> remarriage of mother	_____
<input type="checkbox"/> remarriage of father	_____
<input type="checkbox"/> other major trauma	_____

Other children in the family:

Name	Age	Grade	Present School
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____
_____	___	___	_____

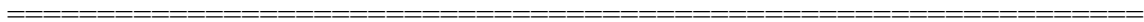
Is there a history of learning difficulties in your family? ___ Yes ___ No

If yes, please explain _____

Briefly describe the child's relationship with you, adults, and other members of the family:

Name of the church your family attends _____

SOCIAL/BEHAVIOR HISTORY



Check where applicable:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> independent | <input type="checkbox"/> lacks common sense | <input type="checkbox"/> stubborn | <input type="checkbox"/> dependent |
| <input type="checkbox"/> anxious | <input type="checkbox"/> easily distracted | <input type="checkbox"/> aggressive | <input type="checkbox"/> complains about school |
| <input type="checkbox"/> dishonest | <input type="checkbox"/> overly fearful | <input type="checkbox"/> withdrawn | <input type="checkbox"/> overly sensitive |
| <input type="checkbox"/> shy | <input type="checkbox"/> enjoys school | <input type="checkbox"/> moody | <input type="checkbox"/> self-centered |
| <input type="checkbox"/> passive | <input type="checkbox"/> make friends easily | <input type="checkbox"/> confident | <input type="checkbox"/> easily frustrated |
| <input type="checkbox"/> prefers playing with older children | | <input type="checkbox"/> prefers playing with younger children | |

Explain items checked:

MEDICAL/DEVELOPMENT HISTORY

Child was: full term premature

State any complications that occurred during pregnancy (e.g., toxemia, diabetes, etc.)

State any complications the child had immediately after birth (e.g. difficulty breathing, blue color, etc.)

Check where applicable:

<input type="checkbox"/> recent physical exam	date/results	_____
<input type="checkbox"/> recent eye exam	date/results	_____
<input type="checkbox"/> recent hearing exam	date/results	_____
<input type="checkbox"/> recent speech evaluation	date/results	_____

Check any problems in infancy or childhood with:

<input type="checkbox"/> colic	<input type="checkbox"/> talking	<input type="checkbox"/> crawling	<input type="checkbox"/> walking/running
<input type="checkbox"/> sleeping	<input type="checkbox"/> bedwetting	<input type="checkbox"/> eating	<input type="checkbox"/> general slow development

Child: (check where applicable)

<input type="checkbox"/> needs glasses	<input type="checkbox"/> wears glasses	<input type="checkbox"/> has/had frequent ear infection
<input type="checkbox"/> has allergies/asthma	<input type="checkbox"/> has/had high fevers	<input type="checkbox"/> has/had hearing difficulties
<input type="checkbox"/> had seizures, convulsions, or staring spells		<input type="checkbox"/> experienced injury/accident to head

Explain items checked:

Child has been tested before: Yes No Date: _____

Type of testing: _____ Location: _____

Diagnosis: ADHD Learning Disability Anxiety/Depression Spectrum

Other: _____

Is the child currently on medication? Y / N

EDUCATIONAL HISTORY

List all schools previously attended (preschool to present):

School	Grades	Reason for Change
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child writes with:

right hand left hand uses both hands mirror writer

Pertinent information:

Y / N - repeated grade(s); if so, grade(s) repeated _____

Y / N - receives/received speech/language; if so, subject(s) & dates _____

Y / N - enrolled in a physical/occupational; if so, describe & dates _____

Y / N - receives/received counseling services & dates _____

Y / N - receives/received special class & dates _____

Y / N - receives/received tutoring services, if so, type & dates _____

Y / N - receives/received other services/therapy & dates _____

State child's best and worst subject: Best _____ Worst _____

Additional comments or information regarding child's schooling:

State the area(s) in which you feel the child needs help:

Is there any additional information you would like to personally share?

PERMISSION FOR TESTING

We give permission to The King's Academy Discovery Program to test:

Student: _____

Signature(s): _____

Date: _____

ADDITIONAL PERMISSION TO:

1. Allow the student's TKA Discovery therapist to disclose any pertinent diagnostic information from the most recent psycho-educational or pertinent testing report(s) to teacher(s) and other significant personnel (nurse, coach, etc.).

Signature: _____

2. Allow teacher(s) and other significant personnel (nurse, coach, etc.) to review with an Educational Therapist the most recent psycho-educational or pertinent testing report(s).

Signature: _____

2. Allow the child's Educational Therapy session to be observed/recorded for the purpose of evaluation and/or training of therapists/teachers.

Signature: _____

3. Allow the child's picture to be used on a brochure, display, or website for the purpose of providing information about the TKA Discovery Program.

Signature: _____

4. Allow the child's Educational Therapy session to be observed by a prospective parent/employee for the purpose of answering questions about the nature of Educational Therapy.

Signature: _____