



Children's Workshop

COOK Education Center Urban Skills Center

Educational Excellence Through Measurably Superior Methods

APPLICATION FOR STUDENT ASSESSMENT

Child's Name: _____ **M** **F**
Last First Middle Init Nickname/preferred name

Home Address: _____ **DOB:** ____/____/____ **Age:** ____
Street City Zip Mo. Day Yr.

Current Grade in School: ____ **Placement:** Reg Ed Class Resource Assistance Special Day Class Special School

Current school: _____ **District:** _____

Mother's Name: _____ **Cell phone:** () _____
Last First Middle Init

Home Address: _____
Only if different Street City Zip

Email Address: _____ **Occupation** _____

Father's Name: _____ **Cell phone:** () _____
Last First Middle Init

Home Address: _____
Only if different Street City Zip

Email Address: _____ **Occupation** _____

Sibling's Name: _____ **DOB:** ____/____/____ **Age:** ____ **M** **F**
Last First Middle Init

School: _____ **Grade:** ____

Sibling's Name: _____ **DOB:** ____/____/____ **Age:** ____ **M** **F**
Last First Middle Init

School: _____ **Grade:** ____

Sibling's Name: _____ **DOB:** ____/____/____ **Age:** ____ **M** **F**
Last First Middle Init

School: _____ **Grade:** ____

Medical and related concerns:

Child's medical doctor: _____ **Doctor's telephone number:** _____

Is your child fully immunized? Y N **If not, which immunizations has your child not received?**

Identify your child's allergies, if any:

List medications your child takes regularly:

List medications your child will be expected to take during school hours:

Is your child seeing a medical doctor, psychologist, or therapist for psycho-social problems? Y N

If so, who: _____ **Telephone number:** _____

Is your child receiving speech and language service? Y N **occupational therapy?** Y N

Please identify the student's dietary restrictions:

Education concerns

Is your child currently attending school? Y N How many absences has the student had in the past year of school?

Does your child have an Individualized Education Plan (IEP)? Y N If so, please attach the most recent IEP.

Does your child have a Behavior Intervention Plan (BIP)? Y N If so, please attach the most recent BIP.

Does your child have an Individualized Transition Plan (ITP)? Y N If so, please attach the most recent ITP.

Does your child have an Individualized Program Plan (IPP)? Y N If so, please attach the most recent IPP.

Does your child receive Regional Center services? Y N

What is the reason for seeking private placement at a TIEE school at this time?

What, to you, is the most important accomplishment your child could achieve at this time?

Have you undergone mediation or fair hearing procedures to obtain special education and/or services for your child? If so, please describe the settlement.

Do you have an attorney or advocate assisting you in obtaining special education and services? Y N If so, who?

Concerns about independence

Does your child have close relationships with siblings? Y N age mates? Y N adults in the family? Y N
other adults? Y N younger children? Y N

Can your child be trusted to remain safe if left alone for more than 10 minutes? Y N If not, please describe what happens.

Does your child consistently comply with adult requests to do chores? Y N to study? Y N to stop engaging in an activity that is annoying to others? Y N to stop engaging in an activity that is preferred by the student? Y N

Does your child perform household chores? Y N If so, which chores and how regularly?

Does your child eat whatever food is provided? Y N If no, which foods are avoided?

Which foods will your child routinely eat?

Does your child toilet her/himself? Y N Does the student bathe her/himself? Y N

Does your child dress her/himself? Y N Does the student choose her/his own clothes to wear? Y N

Does your child launder her/his own clothes? Y N

Does your child have a regular sleep routine? Y N Does the student have sleeping problems? Y N

Does your child's behavior make it difficult to shop? Y N see the doctor or dentist? Y N visit friends? Y N

Please describe any problem behavior your child has, including how frequently it occurs, and where and when it occurs:

I/we understand that the Assessment for which I am/we are applying is designed merely to determine whether one of the school programs of TIEE can provide the student a program appropriate to her/his needs, that no report of the assessment will be written, that no claim concerning the appropriateness of programs other than those operated by TIEE will be made, and that the assessment does not guarantee that the student will be enrolled in a TIEE program. I/we also understand that the one-time Assessment fee of \$250 is not refundable.

Signature of Parent/Guardian

Date