



**Conductive Learning Center**  
of Greater Cincinnati

**New Student Application**

(Print form, complete and send to address at bottom of application)

Please note:

- Submission of forms does not equate to acceptance in program.
- The Conductive Learning Center of Greater Cincinnati will notify you as to acceptance into the program.

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**CHILD'S PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Child resides with: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION:**

Mother's Name: \_\_\_\_\_  
Address (if different from child): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address (if different from child): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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## MEDICAL AND HEALTH RECORD

Mother's age at time of birth: \_\_\_\_\_

Weight at birth: \_\_\_\_\_ Gestation weeks: \_\_\_\_\_ Apgar score: \_\_\_\_\_

Family history (are there any illnesses/disabilities in the family):

Child's Diagnosis (what is it; when was it given):

Any History of Epilepsy or Seizures (what kind; how often; how long; main symptoms):

Current Medications:

Surgeries (what kind; when):

Allergies (food, medications, etc.):

Special Diet (G-tube, etc.):

Hearing Tested and Results (when/what results):

Vision Tested and Results (when/what results):

Please give date of last medical exam(s):

Pediatrics: \_\_\_\_\_ Ophthalmologist: \_\_\_\_\_ Neurologist: \_\_\_\_\_  
Ear specialist: \_\_\_\_\_ Orthopedics: \_\_\_\_\_ Dentist: \_\_\_\_\_

Previous treatments, therapies (PT, OT, Speech or other services; how often):

Is there any past participation in Conductive Education programs?  
(When/where):

Other information/comments you would like to share:

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## PARENT/GUARDIAN OBSERVATIONS

1. Describe your child's daily routine

Weekdays:

Weekends:

2. What are your child's favorite leisure activities?

Home:

Favorite toys/games:

Outside:

3. Does your child take part in family life? Does he/she do small household jobs?

4. How does your child express his/her wishes or needs?

Does the child speak words and sentences fluently?

Does he or she follow instructions?

5. How does your child move around the house?

Outside:

6. How does your child go up and down stairs?

7. What do you think are your child's greatest difficulties at this time?

8. Is it easy or difficult to motivate him/her?

What does motivate him/her (peers, toys, songs, etc):

9. At this time, what kind of school and program is he/she enrolled in?

How many times a week does he/she attend and for how many hours at a time?

What kind of activities does he/she do while there?

10. Please share any other information you would like.

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## PRESENT PHYSICAL CONDITION

### 1. Lying position

Is he/she able to:

lift head

roll over

crawl

### 2. Sitting position

Is he/she able to:

sit on floor

sit in chair      Supported or unsupported? \_\_\_\_\_

### 3. Standing position

Is he/she able to:

stand up from the floor?

If so, describe:

stand      Supported or unsupported? \_\_\_\_\_

### 4. Walking

Is he/she able to take steps?     Yes     No

If so, describe:

### 5. Fine motor movement

Is he/she able to grasp and hold different things (blocks, pencil, paper, etc)?

### 6. Self-reliance

Describe how he/she eats and drinks (is there any problem with chewing or swallowing; special utensils, self feed):

Describe what stage he/she is in regarding toilet training:

### 7. What kind of special aides, furniture does your child use at home?

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**GENERAL QUESTIONS**

1. What goals do you have for you child?
2. Do you expect to reach these goals with Conductive Education?
3. How did you hear about the Conductive Learning Center of Greater Cincinnati?

This application has been completed by:

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

Relationship: \_\_\_\_\_

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

Please mail at least one full body photograph of your child and any medical or educational reports, etc that will be helpful to :

6477 Cooper Rd. Cincinnati OH 45242

Further contact will be made with you regarding assessment dates. If you will not be able to travel to the Greater Cincinnati area, call us at 859-261-2333 for VIDEO ASSESSMENT GUIDELINES.

Thank You.