# Application for Student Enrollment

*The Guild School admits students of any race, color, sex, gender identity, sexual orientation, religion or national origin.*
*All information provided in this application as well as in documents supporting a student referral will be kept strictly confidential.*

| Person(s) completing this application and relationship to student: | Date: |
|---|---|
| | |

## Student Information

| Last name: | First Name: | Middle Name: | Gender: |
|---|---|---|---|
| | | | |
| **Street Address:** | **City:** | **State:** | **Zip Code:** |
| | | | |
| **Date of Birth:** | **Place of Birth:** | **Citizenship:** | |
| | | | |
| **Social Security Number:** | **Phone Number:** | **Relationship to Parent/Guardian:** | |
| | | ☐ Biological ☐ Adopted ☐ Foster | |
| **Diagnosis (primary and secondary):** | | | |
| | | | |

## Parent/Guardian Information

| Parents' Marital Status: | |
|---|---|
| Please describe the marital status of the student's parents: | |
| **Parent Information:** | **Parent Information:** |
| **Name** | **Name** |
| **Address (if different from student's):** | **Address (if different from students):** |
| **Home Phone Number:**<br>**Cell Phone Number:** | **Home Phone Number:**<br>**Cell Phone Number:** |
| **E-mail:** | **E-mail:** |
| **Date of Birth:** | **Date of Birth:** |
| **Business Name and Address:**<br>**Work Phone:**<br>**Occupation:** | **Business Name and Address:**<br>**Work Phone:**<br>**Occupation:** |

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**GUARDIANSHIP: If the student is UNDER 18 years old:**

**Who has guardianship?** ☐ **Parents, Joint** ☐ **Parent, Sole** ☐ **Other** _____

☐ **DCF - If DCF, please circle one:** *Voluntary* *Care and Protection* *APPL*

**If DCF, what is the goal of the family action plan for reunification (FAP)?**

_____

| Name of legal guardian(s) if other than parent: | Relationship to student: | | Phone Number: |
|---|---|---|---|
| | | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| | | | |

**GUARDIANSHIP: If the student is OVER 18 years old:**

**Has a legal guardian been appointed?** ☐ **Yes** ☐ **No, but process has started** ☐ **No, process has NOT started** ☐ **Not sure**

| Name of legal guardian(s): | Relationship(s) to student: | | Phone Number: |
|---|---|---|---|
| | | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| | | | |

**Has a Roger's Monitor/Guardian been appointed?**

☐ **Yes (fill in information below)** ☐ **No** ☐ **Not sure** ☐ **Not Applicable**

| Name of Roger's Monitor/Guardian | Relationship(s) to student: | | Phone Number: |
|---|---|---|---|
| | | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| | | | |

## Family Information

| Please complete the following information for all members of the student's household(s). | | | |
|---|---|---|---|
| **Name:** | **Age:** | **Gender:** | **Relationship to Child:** |
| | | | |
| | | | |
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| | | | |

Does the student have other significant people in her/his life? If yes, please provide name(s) and relationship:

What is the primary language spoken in the home? _____

What other languages are spoken at home? _____

Do the parents, siblings, or other extended family members have particular conditions or medical problems (e.g., emotional, mental illness, intellectual disabilities, neurological or congenital defects, diabetes, allergies)? Please include how the specified person is related to the student.

## Service Agency Partners

List any agencies and contact person(s) involved in advocating for the student (DDS, DCF, DMH, etc.):

| Agency Name: | Contact Person: | Phone Number: | Type of Service/Involvement: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Student's Current School Information

| School District: | Street Address: | City: | State: | Zip: |
|---|---|---|---|---|
| | | | | |
| **Current placement:** | **Street Address:** | **City:** | **State:** | **Zip:** |
| | | | | |

Date of last signed IEP:

| SPED Director Name/District Contact name: | Phone Number: | Fax Number: |
|---|---|---|
| | | |

Is the school district aware you are interested in an outside placement? ☐ Yes ☐ No

How did you hear about The Guild School?

Is the student currently attending school? ☐ Yes ☐ No If no, date of last attendance: _____

Name of School (if not currently in school, last school attended):

| What is your reason(s) for looking for a new school –or- what is the reason for leaving/termination the current placement? |
|---|
| |

## Educational History

| Did the student receive Early Intervention Services? ☐ Yes ☐ No | | | |
|---|---|---|---|
| **Please list all Educational Programs in which the student has been enrolled:** | | | |
| **Program Name:** | **Enrollment dates:** | **Hours/day:** | **Reason for Change:** |
| | | | |
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| | | | |
| | | | |
| | | | |
| **Please list all other services the student has received or is CURRENTLY receiving (after school care, speech services, PT/OT, home training)** | | | |
| **Provider (person or agency)** | **Service and model** | **How often** | **Start /End Dates** |
| | | | |
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## Medical Information

**Please provide the name and contact information for CURRENT physicians and service providers (ex: pediatrician, mental health provider, neurologist, dentist, OB/gyn, etc)**

| Name of Professional Contact | Type of Service/Specialty: | | Phone Number: |
|---|---|---|---|
| | | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| | | | |

| Name of Professional Contact: | Type of Servicer/Specialty: | | Phone Number: |
|---|---|---|---|
| | | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| | | | |

| Name of Professional Contact: | Type of Service/Specialty: | | Phone Number: |
|---|---|---|---|
| | | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| | | | |

| Name of Professional Contact: | Type of Service/Specialty: | | Phone Number: |
|---|---|---|---|
| | | | |
| **Address:** | **City:** | **State:** | **Zip:** |
| | | | |

## Current Medications

| Medication name: | Dosage: | What is it prescribed for? | Prescribing physician: |
|---|---|---|---|
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## Other Health Information

**Weight:** _____ **Height:** _____ **Any scars or marks?** _____

**Eye Color** _____ **Hair color:** _____

**Allergies:**
Does the student have any allergies to foods, insects, drugs/medications, animals, pollen/mold, latex? ☐ Yes ☐ No
Does the student require an Epi-pen? ☐ Yes☐ No
Please specify type of allergy and symptoms:

**Seizures:**
Does the student have a history of seizures? ☐ Yes ☐ No
If yes, please specify and include the date of last seizure:

**Choking/Aspiration:**
Does the student have a history of choking or aspiration? ☐ Yes ☐ No
If yes, please provide additional information:

**Ambulation:**
Does the student require assistance for ambulation? ☐ No ☐ Yes - please specify _____

**Hearing/Vision:**
Does the student have a vision impairment? ☐ No ☐ Yes - please specify: _____
Does the student have a hearing impairment? ☐ No ☐ Yes - please specify: _____

**Hospitalizations:**
Has the student ever been hospitalized for **health** issues such as illness, injury or surgical procedures? ☐ Yes ☐ No
If yes, please specify:

## Strengths and Needs Information

**STRENGTHS and INTERESTS:**

**What are the student's strengths, hobbies and/or special interests? Please use back of page if needed.**

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**COMMUNICATION:**
**Please describe the student's current skill levels. Use back of page to provide more elaborate answers if needed.**

**How does the student communicate Verbally? *Check all that apply***

____ Good conversational skills
____ 2-3 word utterances
____ Perseverative Speech
____ Uses computer for writing
____ Single word responses or utterances
____ Echolalia
____ Difficult to understand
____ Good articulation
____ Verbal Approximations
____ Expresses needs and wants
____ Makes choices

**How does the student communicate Non-Verbally?**

**Pictures: *Check all that apply***

____ Uses line drawings ..... ____ Independent ____ Assisted
____ Uses color photographs ..... ____ Independent ____ Assisted
____ Uses representational objects ..... ____ Independent ____ Assisted
____ Uses actual objects ..... ____ Independent ____ Assisted

**Sign Language: *Check all that apply***

____ Uses multiple signs in combinations
____ Uses single signs
____ Communicates primarily through pointing and gestures
____ Answers yes and no questions
____ Uses sign approximations

**Uses an Augmentative/Alternative system: Does the student use a system? *Check all that apply***

____ Communication Book... ____Independent ____Assisted
____ Choice Board..... ____ Independent ____ Assisted
____ Electronic device..... ____ Independent ____ Assisted - Please include name of device/program: _____

**ACTIVITIES OF DAILY LIVING:**
**Please describe the student's current skill levels for the following areas. Use back of page if needed.**

**Eating:** Does the student have eating issues such as food refusal, selectivity, rigidity, swallowing or pacing concerns?

**Toileting/Bathroom Hygiene**: Is the student independent in requesting and using the bathroom? ☐ Yes ☐ No
If no, please specify:

Does the student have toileting accidents? If yes, please provide additional information: ☐ Yes ☐ No

Does the student have menstrual periods? ☐ Yes, since age _____ ☐ No, not yet ☐ Not applicable
If yes, is the student able to use sanitary products independently? ☐ Yes ☐ No - please specify level of assistance needed.

**Dressing/Bathing/Tooth brushing**: Does the student perform hygiene routines such as bathing, hand washing, and brushing teeth independently? Is the student able to dress him/herself? Is the student able to choose clothes for the weather? Manipulate closures?

**Chores**: Does the student help with cooking, laundry, cleaning or other house or outside chores?

**Community**: How often does the student go out into the community? What are some preferred places to go? Where does the student not want to go/avoid going? Can the student ride in vehicles safely?

**SCHOOL/VOCATIONAL:**
**Complete the following. Please use the back of the page if needed.**

**SCHOOL:**
**Does the student like school? Why or why not?**

**What is the student's favorite part of school? What is the student's least favorite part of school?**

**VOCATIONAL**:
**What are the student's current vocational skills and interests?**

**Does the student currently have a job? If so, where and for how many hours per week? What type of supports are needed?**

**SOCIAL/EMOTIONAL/BEHAVIORAL:**
**Complete the following. Please use the back of the page if needed.**

**The student:**

| | | | |
|---|---|---|---|
| Gets along with siblings: | _____ Consistently | _____ Sometimes | _____ Not usually |
| Gets along with other students: | _____ Consistently | _____ Sometimes | _____ Not usually |
| Needs close supervision: | _____Consistently | _____ Sometimes | _____ Not usually |
| Disrupts group activities: | _____Consistently | _____Sometimes | _____ Not usually |
| Accepts direction form parents: | _____ Consistently | _____Sometimes | _____ Not usually |
| Accepts direction from teachers: | _____ Consistently | _____Sometimes | _____ Not usually |

**Does the student have a Behavior Support Plan?** ☐ Yes ☐ No ☐ Not sure

**Does the student engage in any of the following?**
**Aggressive Behavior**? ☐ Yes ☐ No
If yes, which behaviors? Check all that apply:

| | | | |
|---|---|---|---|
| ___ Biting | ___Scratching | ___ Head-butting | ____Hitting/slapping/pinching |
| ___Hair pulling | ___ Kicking | ___ Property Destruction | ____ Pushing |

___ Other: _____

**Self-Injurious behavior?** ☐ Yes ☐ No
If yes, which behaviors? Check all that apply:
___ Bites ___ Face Slaps ___ Head bangs ____ Scratches/picks ___ Body strikes

____ Other: _____

**Tantrum behavior?** (outbursts with or without other behaviors such as aggression, non-compliance, destruction, etc.) ☐ Yes ☐ No
If yes, please describe the behavior to include how often and duration of episodes:

**Pica behavior?** (ingesting non-edible items) ☐ Yes ☐ No
If yes, please specify to include how often the behavior occurs:

**Bolting behavior?** ☐ Yes ☐ No Does the student attempt to exit a building? ☐ Yes ☐ No
If yes to either question, please specify:

**Does the student have use of their own device(s) such as a smart phone, laptop, or iPad for leisure?** ☐ Yes ☐ No
If yes, please specify:

**Does the student use the internet?** ☐ Yes ☐ No
If yes, are controls, rules or limits placed on internet access? Are there any concerns about the student's use of the internet such as online safety/vulnerability, difficulty transitioning away from use, etc.?

**Does the student use social media or visit social media platforms?** ☐ Yes ☐ No
If yes, are controls, rules or limits placed on social media access? Are there any concerns about the student's use of social media such as safety/vulnerability, difficulty transitioning away from use, etc.?

**Has the student received any sexual education in school?** ☐ Yes ☐ No ☐ Not sure
**Has the student received any sexual education at home?** ☐ Yes ☐ No ☐ Not sure

**Has the student experienced any challenges with puberty or dealing with their changing bodies?** ☐ Yes ☐ No
If yes, please specify:

**Does the student engage in sexualized behaviors?** ☐ Yes ☐ No
If yes, please specify (Ex: public displays, sexualized behavior towards peers, verbalizations)

**Other?** Please provide information on other challenging behaviors not previously mentioned:

**When challenging behaviors occur, what strategies are used at home? What strategies are used at school?**

**What coping skills does the student use? What coping skills would you like to see the student use?**

**Does the student have any psychiatric diagnoses?** ☐ Yes ☐ No
If yes, please specify below:

**Has the student expressed suicidal thoughts or made suicidal attempts?** ☐ Yes ☐ No
If yes, please specify below:

**Has the student ever been hospitalized due to behavioral or psychiatric concerns?** ☐ Yes ☐ No
If yes, please provide the name of the hospital, dates of hospitalization and reason for being admitted:

**What are some of the student's preferred items, activities or reinforcers? Please use back of page if needed.**

**What else would you like us to know about the student? Please use back of page if needed.**

Thank you for completing the Application for Student Enrollment. Please submit to the admissions team via email at admissions@guildhumanservices.org or via fax at 781-795-7450 or via mail to:
The Guild School
Attn: Admissions
521 Virginia Road
Concord, MA 01742