



APPLICATION FORM

“THE DOLPHINS” SCHOOL FOR CHILDREN WITH AUTISM 2009

Name child :

Date of birth :

Address :

City/town :

Telephone

Land line

Mobile

Email :

ALERT IN CASE OF AN EMERGENCY

Name:

Telephone:

Landline:

Mobile

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Date of application:

Date of enrollment:.....

PERSONAL INFORMATION CHILD

1. Does your child have an official diagnosis, and if yes, how does it read, when and by whom was it set?

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2. Does your child have any additional behavioural/physical/medical problems, beside the one described above? If yes, please describe it/them.

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3. Does your child have any allergies, and if yes, what kind and how serious?

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4. Does your child use medication, and if yes, how do these need to be used?

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5. Does your child display any stereotyped behaviours (like rocking, handflapping, self stimulative actions, whether or not while injuring him/herself)?

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6. Does your child have any particular routines or rituals that need to be stuck to (such as a vast way of getting dressed, a ritual for washing hands or going to the toilet, etc)?

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7. Does your child have any fears?

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8. When your child needs some time out (possibly is heading for a sensory overload), how will he/she display this (think of behaviour, communicating through speech, asking for a certain thing that refers to resting and/or time out)?

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9. Does your child use words or gestures that need explaining? For instance, he/she may use the word *bottle* in order to communicate that he/she wants a drink, or *chuchu* for needing to go to the toilet.

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10. Does your child have any special eating habits (limited interest, 'diets' like vegetarian, kosher, sugar free, etc)

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11. What does your child like doing (think of sports, arts, games, etc)?

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12. What does your child not like to do (think of sports, arts, games, etc.)?

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13. Could you describe your child in a few words?

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SUPPORT AND SCHOOLING BACKGROUND

14. Is your child (and/ or the family) currently enrolled in any form of support, training, and/or therapy, and if yes, what is this and with whom?

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15. Has your child been enrolled in any form of support, training, and/or therapy in the past, and if yes, what was this, and with whom?

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16. Has your child been enrolled in any other school, daycarecentre, or other educational facility, and if yes, which and what kind of facility was this?

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17. Is your child used to functioning in a group?

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18. Are there any particular goals you would like to see targeted in your child's schooling programme?

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19. Are there any other things that the school staff should know about your child?

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GENERAL INFORMATION

20. How did you find our school? (the internet, through our flyer, informed by other people, ...)?

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GENERAL TERMS AND CONDITIONS

When you sent the application form to us, and with that enroll your child in the Dolphins, school for children with autism, you will automatically consent with our general terms of conditions which will be sent to you on request.

Yes, I agree with the general terms of conditions for the Dolphins, school for children with autism

Signature of parent(s)/caretaker(s):

Name :

Date :

Signature:

Name :

Date :

Signature: