

Janus Academy Student Record

STUDENT INFORMATION

Name: _____ Age: _____ Birthdate: _____ Sex: _____

AHC#: _____ Handi-bus ID# if applicable: _____

Resident Board (public/separate): _____ Current grade: _____

Home Address: _____
Postal Code

PARENT/GUARDIAN INFORMATION

Mother: _____ Father: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Telephone: _____ Work Telephone: _____

E-mail: _____ E-mail: _____

Siblings: _____ Age/Relationship: _____

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EMERGENCY INFORMATION

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Allergies: _____

Procedures: _____

Dietary Restrictions: _____

Current Medication: _____

Diagnosis: _____ Date of Diagnosis: _____

Seizures/Convulsions (Y/N)-Treatment: _____

Recurring Health Ailments: _____

List other physical sensitivities/disabilities: _____

History of childhood diseases/operations: _____

EDUCATIONAL HISTORY

Other people currently working with student: _____

Previous Educational/Therapeutic Programs:

Program/School	Contact and Number	Enrollment Dates	Comments

STUDENT FUNCTIONING

Communication (verbal/non-verbal, PECS, sign language, language comprehension, number of words/signs, etc.): _____

Socialization (peer interaction, aggressions, familiar and unfamiliar people, crowds, social games, etc.): _____

Play skills (favorite toys and activities, peer involvement, time engaged): _____

Motor Skills/Sensory: _____

Daily Living (toileting, eating, washing, dressing, etc.): _____

Early Learning Skills (eye contact, attending, on-task, imitation, matching, sorting, printing, letter recognition, answering questions, following directions, etc.): _____

Behavior (tolerance, aggression, self-abuse, self-stimulatory, etc.): _____

FUTURE PROGRAMMING

What are your immediate concerns that you would like to see addressed in your child's program? _____

What types of toy's, social games, etc. are motivating to your child? _____

What types of activities, etc. does your child dislike? _____

What are your long term-goals for your child? (classroom integration, community integration, number of years at Janus Academy, etc.)_____

Other:_____

A copy of your child's Birth Certificate and their most recent Psychological Report must be submitted along with this application.