



Student Application 2020-2021 School Year

Dear parents/guardians, Thank you for beginning the process of applying for a spot for your child in Journey School. We know the bravery and trust this requires and we do not take that lightly. Please contact us with any questions you have along the way!

Because we believe in the beauty found in differences, Journey School will be using a variety of different therapies and methodology including but not limited to: speech therapy, physical therapy, occupational therapy, behavior therapy, ABA and Son-Rise to enable and educate. Our students will focus on life and behavior skills needed to thrive in their homes and everyday activities. We want each child to have the freedom to focus on their individual talents and gifts while learning all they need to thrive as empowered individuals.

We are located in Oak Ridge North. We have ongoing admittance for the 2019-2020 school year for ages 3-21 in a five day a week program. Tuition for the school year will be \$20,000 with payment options available.

*We are not able to accept medical insurance because we are a school, and not a clinic. Journey School is a non profit school for children

Date: _____

Student Info:

First Name: _____

Middle: _____

Last: _____

Nick Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City/State/Zip: _____

Primary/Secondary Diagnosis: _____

Age of diagnosis: _____

Age when diagnosis was first suspected: _____

Who was the child diagnosed by (doctor, school, therapist, etc): _____

Parent 1 Info:

Name: _____ Date of Birth: _____
 Address: _____ City/State/Zip: _____
 Primary Phone: _____ Secondary: _____
 Email: _____
 Occupation: _____ Employer: _____
 Education: _____

Parent 2 Info:

Name: _____ Date of Birth: _____
 Address: _____ City/State/Zip: _____
 Primary Phone: _____ Secondary: _____
 Email: _____
 Occupation: _____ Employer: _____
 Education: _____

Marital Status: Married Divorced Separated Widowed Single

Who has legal custody of this child? _____

Is the child adopted? _____ At what age? _____ Is child aware? _____

Household

Name:	Age:	Relationship:

Is any language other than English spoken in the home? _____ Which? _____

Does your child understand the language? _____ Speak the language? _____

Education History:

Name of current school placement and grade/class? _____

Current Classroom Ratios: Teachers _____ Students _____

My child prefers to interact with peers who are:

- Older Younger Same Age

Have they repeated grades? _____ If yes, which one(s) _____

What area(s) has your child had particular difficulty? _____

What area(s) does your child excel? _____

Has your child had "special help" in a school setting? If so, describe: _____

How does he/she feel about school? _____

Has your child experienced changing schools? If yes, why? _____

Has your child been described by any of the following?

- Learns best using multi-sensory approach
- Learns best through auditory
- Learns best through visually
- Difficulty expressing thoughts
- Difficulty processing what is said
- Cannot complete task without direction/cues

Other schools attended:

Name of School:	Grades:	Dates attended:	Reason for withdrawal

Development:

Language/Social Communication Milestones (age of onset if applicable):

Smiles at another _____ 2-3 word phrases _____
Imitation _____ Maintains eye gaze _____
Uses complete sentences _____ Uses gestures _____
Babbling _____

Areas of concern:

- Articulation Socialization Receptive language
- Expressive language Echolalia

Gross Motor Milestones (age of mastery, if applicable)

Sat independently _____
Stand independently _____
Walk independently _____
Run/Climb playground _____

Fine Motor Milestones (age of mastery, if applicable):

Used writing utensils _____
Used eating utensils _____
Potty trained day _____ night _____
Buttons/snaps _____
Tie shoes _____

Areas of concern:

- Gross motor Fine motor Balance Other: _____

Is your child involved in any extracurriculars? _____

Social/Emotional/Behavioral History:

Does your child exhibit any distinctive behavioral characteristics? If yes, please describe: _____

Is your child aware of his/her difficulties? _____

What are your child's favorite activities? _____

What methods of consequences/discipline are used with him/her? _____

How does your child react to consequences/discipline? _____

Please check all that apply to your child:

- | | |
|--|---|
| <input type="checkbox"/> Sensitive to change | <input type="checkbox"/> Self critical |
| <input type="checkbox"/> Sensitive to noise | <input type="checkbox"/> Overly apologetic |
| <input type="checkbox"/> Sensitive to textures | <input type="checkbox"/> Easily isolating |
| <input type="checkbox"/> Resistant to change | <input type="checkbox"/> Generally happy |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Dislikes being touched | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Quiet/shy | <input type="checkbox"/> Unusual fears: _____ |
| <input type="checkbox"/> Daydreamy | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Repetitive behaviors (ex. flapping) | <input type="checkbox"/> Biting/ hair pulling/ pinching |
| <input type="checkbox"/> Head banging | |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Empathetic |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Unaware of physical boundaries |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Matter of fact |
| <input type="checkbox"/> Easily agitated | <input type="checkbox"/> Animated |
| <input type="checkbox"/> Dominating | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Indecisive | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sneaky | |

Medical:

Check adaptive devices used:

Hearing aids

Crutches

Glasses

AFOs

Wheelchair

Other: _____

Walker

Toiliting: Independent Some Assistance Diaper/briefs Catheters

Child's Primary Care Provider: _____

Clinic: _____ Number: _____

Allergies: _____

Medications:

Med name: _____

Med name: _____

Dose: _____

Dose: _____

Frequency: _____

Frequency: _____

Reason: _____

Med name: _____

Med name: _____

Dose: _____

Dose: _____

Frequency: _____

Frequency: _____

Reason: _____

Reason: _____

Med name: _____

Med name: _____

Dose: _____

Dose: _____

Frequency: _____

Frequency: _____

Reason: _____

Reason: _____

Med name: _____

Med name: _____

Dose: _____

Dose: _____

Frequency: _____

Frequency: _____

Reason: _____

Reason: _____

Is there any other information you would like us to know?

The following documents will also need to be sent to journeyofajoyfullife@gmail.com:

- Diagnostic reports
- Vaccination records (optional)
- Most recent IEP
- Letter from parents explaining short term and long term goals for their child

I validate that all the information provided above is accurate to the best of my knowledge. I understand that completing this application does not guarantee my child a spot in Journey School but rather is only the first step in the application process. I agree to submit above supplemental items and understand that my application is not complete until all items have been received.

Signature: _____ Date: _____