APPLICATION FOR TESTING AND/OR EDUCATIONAL SERVICES

STUDENT INFORMATION

Last Name: _____ First Name: _____

MI: _____ Nickname/Preferred Name: _____

Date of Birth (MM/DD/YY): _____/_____/_____ Age: _____ ☐ Male ☐ Female

Current School Student Attends: _____

Grade: _____ Teacher: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Father: _____ Occupation: _____

Phone: _____ Email Address: _____

Mother: _____ Occupation: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Student Referred by: _____

PERMISSION FOR TESTING

I/We give our permission to **Joshua Institute** to test our son/daughter.

☐ Testing Needed (Payment, check or cash, is due with this application and is non-refundable.)

☐ $450 Cognitive Ability

☐ $325 Academic Achievement

☐ Current testing results are attached, and no further testing is needed at this time.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____

FAMILY HISTORY

Child is living with (check all that apply):

☐ Birth Father ☐ Stepfather ☐ Legal Guardian

☐ Birth Mother ☐ Stepmother ☐ Other _____

Child is: ☐ Adopted ☐ Fostered

Since the child's birth, there has been:	**Reaction of child:**
☐ Death in the family	_____
☐ Separation	_____
☐ Divorce	_____
☐ Remarriage of Father	_____
☐ Remarriage of Mother	_____
☐ Other major trauma	_____

Other children in the family:

Name:	Age:	Grade:	Current School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a history of learning difficulties in your family? ☐ Yes ☐ No

If yes, please explain: _____

_____

Briefly describe your child's relationship with you, your spouse, and other members of the family:

_____

_____

_____

_____

Student's Name: _____

MEDICAL / DEVELOPMENTAL HISTORY

Child was: ☐ Full term ☐ Premature

State any complications that occurred during pregnancy (e.g., toxemia, diabetes, etc.)**:** _____

_____

_____

_____

State any complications which your child had immediately after birth (e.g., difficulty breathing, blue color, etc.)**:** _____

_____

_____

Check where applicable:

☐ Recent physical exam Results: _____

Date: _____ _____

☐ Recent eye exam Results: _____

Date: _____ _____

☐ Recent hearing exam Results: _____

Date: _____ _____

☐ Recent speech evaluation Results: _____

Date: _____ _____

Check any problems in infancy or childhood with:

☐ Colic ☐ Talking ☐ Crawling ☐ Walking/running

☐ Sleeping ☐ Bedwetting ☐ Eating ☐ General slow development

Child (check where applicable)**:**

☐ Needs glasses ☐ Wears glasses ☐ Has/had frequent ear infections

☐ Has allergies/asthma ☐ Has/had high fevers ☐ Has/had hearing difficulties

☐ Has/had seizures, convulsions or staring spells ☐ Experienced injury/accident to head

Explain any checked items: _____

_____

_____

Student's Name: _____

EDUCATIONAL HISTORY

List all schools previously attended (preschool to present)**:**

School:	Grades:	Reason for leaving:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child writes with: ☐ Right hand ☐ Left hand ☐ Uses both hands ☐ Mirror writer

Child (check where applicable)**:**

☐ Repeated grade(s). List grade(s) repeated: _____

☐ Received tutoring. List subject(s): _____

☐ Enrolled in special class(es). List classes: _____

☐ Receives/received physical/occupational therapy

☐ Receives/received speech or language therapy

Child's <u>best</u> subject: _____ **Child's <u>worst</u> subject:** _____

Child has been tested before: ☐ Yes ☐ No

If yes, give date(s) and location of testing: _____

Child has an: ☐ IEP ☐ 504 Plan ☐ Other accommodations: _____

_____

Please provide copies of the above documents.

Child has been diagnosed as: ☐ ADHD ☐ ADD ☐ Learning disabled ☐ Other: _____

Additional comments or information regarding child's schooling: _____

_____

_____

State the area(s) in which *you* feel your son/daughter needs help: _____

_____

_____

Student's Name: _____

SOCIAL / BEHAVIORAL HISTORY

Check the applicable characteristics of your child:

☐ Independent	☐ Lacks common sense	☐ Stubborn	☐ Dependent
☐ Anxious	☐ Easily distracted	☐ Aggressive	☐ Complains about school
☐ Dishonest	☐ Overly fearful	☐ Withdrawn	☐ Overly sensitive
☐ Shy	☐ Enjoys school	☐ Moody	☐ Self-centered
☐ Passive	☐ Makes friends easily	☐ Confident	☐ Easily frustrated
☐ Prefers playing with much older children		☐ Prefers playing with much younger children	

Is there any additional information you would like to personally share with the Joshua Institute Director prior to testing? ☐ Yes ☐ No

Thank you for filling out this application! Please remember that payment for testing is due upon submission of this paperwork, as well as any further documentation that was requested.

Payment, check or cash, is non-refundable. It can be dropped off at the front office or mailed to:

Attn: Britt Collingwood
Joshua Institute
2150 W Cherry Lane
Meridian, ID 83642

If you have any questions, do not hesitate to call us at **208-893-5130** or email bcollingwood@joshuainstitute.org