



ADMISSIONS PROCESS AND APPLICATION CHECKLIST

Dear Parents/Guardians,

Please return this checklist along with the identified documents for your child to be considered for admission to The Shirley Aninias School. Documents should be emailed to: admissions@theschool.com. Please indicate below which documents are enclosed, which are not applicable, and which evaluations/reports will be arriving separately.

Student's Name: _____ Date: _____

ADMISSIONS PROCESS FOR THE SHIRLEY ANINIAS SCHOOL:

Phase	Details
1	Complete application and provide required paperwork. Staff will coordinate with parent(s) to schedule a school tour <i>(if not already completed)</i> .
2	Preliminary decision will be made by the admissions team on suitability of program for student based on admissions package. Progress reports not included may be requested prior to moving to next phase.
3	Admissions team will schedule school interviews with parent(s) and student.
4	Student will be invited to school to join a class and will be observed by staff.
5	Final admissions decision will be made, and an official offer will be extended to family.

REQUIRED UPON SUBMISSION OF APPLICATION:

	Enclosed	Arriving Separately	N/A
Neuropsychological Evaluation			
Diagnosis Evaluation <i>(if different from Psychology Evaluation)</i>			
Individualized Education Plan (IEP)			
Educational Progress or SEIT Report			
Speech and Language Report			
Occupational Therapy Report			
Physical Therapy Report			
Counseling Report			
Functional Behavior Assessment			
Behavior Intervention Plan			
Reports by private therapists providing support			



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APPLICATION FOR ENROLLMENT

Today's Date: _____

School Year: _____

I. STUDENT AND FAMILY INFORMATION

Name of person submitting application: _____

Relationship to student: _____

Student's Name: _____

Date of Birth: _____ Age: _____ M F X SS #: _____

Is your child adopted? Yes No Age at adoption: _____ Country of Birth: _____

Home Address: _____

(Only provide if needed)

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address: _____

Home telephone # _____ Home telephone # _____

Mobile # _____ Mobile # _____

Work telephone# _____ Work telephone# _____

E-Mail Address: _____ E-Mail Address: _____

Current status of parents: Married Divorced Single Widowed Domestic Partner

Student's home school district: _____

How did you hear about The Shirley Aninias School?

Please describe why you are choosing to apply to The Shirley Aninias School:

II. SIBLINGS

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Are there any other adult(s) who regularly cares for your child? Yes No

If yes, what are their name(s) and relationship(s) to your child?

If yes, what are their regular schedule(s) with your child?

III. PREVIOUS EDUCATIONAL HISTORY

Name of School	Mailing Address and Phone #	Contact Person	Dates of Attendance:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. INTERVENTION HISTORY

	Frequency	Provider Agency	Therapist	Telephone
SEIT	_____	_____	_____	_____
ABA Therapy	_____	_____	_____	_____
Speech Therapy	_____	_____	_____	_____
Occupational Therapy	_____	_____	_____	_____
Physical Therapy	_____	_____	_____	_____
Counseling	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

V. MEDICAL INFORMATION

Name of Pediatrician: _____ Hospital Affiliation: _____

Address: _____ Telephone: _____

Name of Developmental Pediatrician: _____

Address: _____ Telephone: _____

Please list any medical diagnoses your child has been given:

List any current medications: _____

Medical/Food Allergies: _____

Additional health information/special diet:

VI. LANGUAGE DEVELOPMENT

Language(s) spoken at home besides English: _____

Does your child use language to make his/her needs known? Yes No

If no, explain:

Does your child primarily speak in: Single Words 2-3 Word Sentences Complex Sentences

Is your child's language: Clear and easily understood Usually understandable

Difficult to understand

Does your child follow simple directions? Yes No If yes, Simple Complex (more than two steps)

Does your child have problems expressing their ideas? Yes No

Can your child retell a story in logical order? Yes No

Do you feel your child's language is age appropriate? Yes No

VII. ATTENTION TO SENSORY DEVELOPMENT

Is your child overly sensitive to: Smells Touch Sounds Taste

Explain: _____

Are there any eating problems? Yes No

Explain: _____

Does your child eat with a fork or spoon? No Beginning Sometimes Often Always

Is your child (check all that apply) Distractible Impulsive Accident Prone

Please explain: Clumsy Fearless Fearful

VIII. SOCIAL / EMOTIONAL DEVELOPMENT

How does your child respond to new situations?

What is your child like at home? (*include activity level and relation to siblings/family*)

Does your child have difficulty with transitions from one activity to another? Yes No

Explain: _____

Does your child prefer to play: Alone With Adults With Peers With Siblings

Does your child initiate activities with peers: Seldom Sometimes Frequently

With success? Seldom Sometimes Frequently

Does your child have frequent tantrums? Yes No If yes, how long do they last? _____

Explain: _____

Briefly describe your child's personality. What activities do they like best? What activities do they avoid?

What do you see as your child's strengths?

What do you see as your child's areas of difficulty?

Is there any other information about your child we should know?

Please describe your vision for your child's individual educational and social/emotional needs:

Are you being represented by an educational attorney? Yes No

If yes, please state name of attorney and firm:

Thank you for taking the time to answer these questions – The Shirley Aninias School