

Admissions Process & Application Information

Getting Started:

SVS accepts applications year-round. To get started, please schedule a tour of our school, then submit an application with accompanying documentation. After we have reviewed your application, we will schedule an observation date and Visiting Day for your child.

Please Submit:

<input type="checkbox"/>	Completed Application Form	<input type="checkbox"/>	Current or 'Frozen' IEP*
<input type="checkbox"/>	Non-Refundable Application Fee \$75 (make check payable to SV Schoolhouse)	<input type="checkbox"/>	Neuropsychological evaluation*
<input type="checkbox"/>	Confidential Student Evaluation Form, completed by child's current teachers	<input type="checkbox"/>	Psychological educational evaluation*
<input type="checkbox"/>	Current Immunization Record	<input type="checkbox"/>	Occupational Therapy evaluation*
<input type="checkbox"/>	Most recent report card/progress report	<input type="checkbox"/>	Speech Therapy evaluation*
<input type="checkbox"/>	Release & Exchange of Information		* if applicable

Agreement:

I understand that acceptance depends on references, student and family compatibility, and available space in each program.

I understand that both parties can deny acceptance, and that the \$75.00 non-refundable fee will not be returned.

I understand that The Sequoia Village Schoolhouse will contact the listed people under references and ask questions in regards to both child and family compatibility with their program.

I understand that The Sequoia Village Schoolhouse will keep all information on the following forms confidential, unless physically and/or emotionally harmful information is disclosed that deems a child in immediate danger.

PARENT SIGNATURE

DATE



Admissions Process & Application Information

Family Information:

Parent/Legal Guardian: _____
Last name First name

Home Address: _____
Street City State Zip

Cellphone #: () _____ Daytime phone #: () _____

Email Address: _____

Preferred method of contact : phone / email

Parent/Legal Guardian: _____
Last name First name

Home Address: _____
Street City State Zip

Cellphone #: () _____ Daytime phone #: () _____

Email Address: _____

Preferred method of contact : phone / email



Admissions Process & Application Information

Student Information:

Student name: _____
Last First Middle

Date of Birth: _____ Has your child repeated a grade? yes/no
month / day / year

Home Address: _____
Street City State Zip

Student Educational History:

Last school attended: _____ Dates attended: _____

Address: _____
Street City State Zip

Phone: () _____

School Program: Mainstream Inclusion Special Day Class Resource Program

Grade Completed: _____

Reason for Leaving: _____

Is your child currently being treated by any of the following?

Please check all that apply:

Occupational Therapist Physical Therapist Neurologist Developmental Therapist

Speech and Language Pathologist Psychologist Other: _____



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Student's Social Abilities:

Please rate your child's abilities on a scale of 1-5.

1: Severe Area of Need 2: Area of Need 3: Area of Concern
4: Sometimes an Area of Concern 5: Not an Area of Concern

<input type="checkbox"/>	Participating in a Large Group	<input type="checkbox"/>	Personal Problem Solving
<input type="checkbox"/>	Adapting to New Situations	<input type="checkbox"/>	Understanding One's Actions Affect Others
<input type="checkbox"/>	Participating in a Small Group	<input type="checkbox"/>	Back and Forth Conversations
<input type="checkbox"/>	Initiating play	<input type="checkbox"/>	Showing Empathy
<input type="checkbox"/>	Asking For Help	<input type="checkbox"/>	Play Skills
<input type="checkbox"/>	Understanding Other Feelings	<input type="checkbox"/>	Understanding Personal Space
<input type="checkbox"/>	Interest in friendships	<input type="checkbox"/>	Expressing Emotions
<input type="checkbox"/>	Flexible with Sudden Changes	<input type="checkbox"/>	Transitions
<input type="checkbox"/>	Reading Facial Expressions	<input type="checkbox"/>	Reading Body Language
<input type="checkbox"/>	Making Eye Contact	<input type="checkbox"/>	Controlling Impulses
<input type="checkbox"/>	Listening	<input type="checkbox"/>	



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Child's Medical History:

Does your child have any medically diagnosed conditions? Yes No If yes, please describe: _____

Has your child had any surgeries, accidents, or hospitalizations? Yes No If yes, please describe: _____

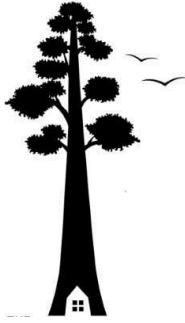
Are there any medications your child takes regularly? Yes No If yes, please list: _____

Does your child have any known allergies? Yes No If yes, please describe: _____

Have there ever been any feeding problems (e.g., trouble swallowing, sucking, chewing, or excessive drooling)? Yes No If yes, please describe: _____

Is there anything else we should know about your child's medical history?

Yes No If yes, please explain: _____



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Developmental History:

Does Your Child:

Feed self: Yes No

Dress self: Yes No

Grasped crayon/pencil: Yes No

Complete toileting independently: Yes No

Have difficulty sleeping Yes No

Have difficulty feeding Yes No

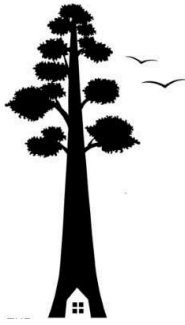
Have picky eating habits Yes No

How does your child communicate? Please check all that apply:

Gestures/Body Language Sounds Single Words

Short Phrases Sentences 2-4 words Sentences over 4 words

Other: _____



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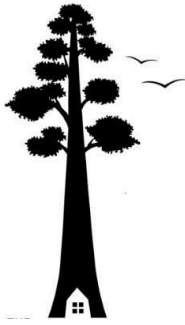
Does your child:

- Repeat sounds, words, or phrases? Yes No
- Point to common objects upon request? Yes No
- Greet people using words? Yes No
- Ask questions? Yes No
- Follow simple directions (i.e. “Shut the door”, “Get your shoes”) Yes No
- Respond to yes/no questions? Yes No
- Respond correctly to who/what/where/when/why questions? Yes No
- Enjoy playing with toys? Yes No
- Enjoy playing with peers? Yes No

Behavioral Characteristics:

Check all boxes that apply.

- | | |
|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> cooperative | <input type="checkbox"/> poor eye contact |
| <input type="checkbox"/> attentive | <input type="checkbox"/> easily distracted/short attention |
| <input type="checkbox"/> willing to try new activities | <input type="checkbox"/> aggressive |
| <input type="checkbox"/> separation difficulties | <input type="checkbox"/> outgoing |
| <input type="checkbox"/> easily frustrated | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> inappropriate behavior |
| <input type="checkbox"/> restless | <input type="checkbox"/> self-abusive behavior |
| <input type="checkbox"/> friendly | <input type="checkbox"/> active |
| <input type="checkbox"/> elopement (running away) | |



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Release & Exchange of Information:

I give permission for any representative of The Sequoia Village Schoolhouse staff to speak with the following persons (educator, administrator, psychologist, consultant, resource specialist, etc.) regarding my child.

Name: _____

Position: _____ Phone: _____

Name: _____

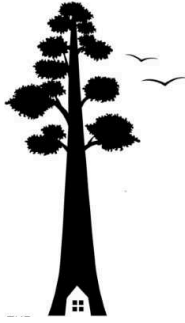
Position: _____ Phone: _____

Name: _____

Position: _____ Phone: _____

Help us get to know you!

Kindly attach a photo of your child and a description of your family. Include information about your child's personality and interests. Describe your child's strengths, as well as any challenges associated with academics or socialization. What are your goals, hopes and dreams for your child? Include any additional information about your child, the more details the better!



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References:

Please list two personal and/or professional references that can speak on behalf of your child, and your involvement in your child's education.

I, _____ give permission

PRINT PARENT NAME

for any representative of The Sequoia Village Schoolhouse to speak with the following persons in regards to my child, and our families involvement in their education.

PARENT SIGNATURE

DATE

Name: _____

Relationship to person: _____

How long has this person known your family? _____

Phone number: _____

Email: _____

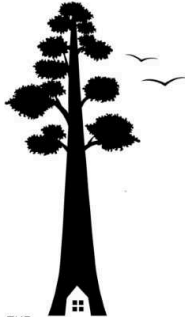
Name: _____

Relationship to person: _____

How long has this person known your family? _____

Phone number: _____

Email: _____



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Confidential Teacher Input Form

Please share the following pages with a professional individual (teacher, therapist etc.) who knows your child and is able to confidently comment on the following questions.

Documents can be mailed to SEQUOIA VILLAGE SCHOOLHOUSE 1438 38th Ave San Francisco CA 94122 or submitted via email to SARA@SVschoolhouse.com. Thank you!

Name: _____

Title: _____

Relationship to applicant: _____

How long have you known applicant? _____

1. Child's strengths and/or limitations:

2. Do the parents/guardians support/follow through on specific school recommendations?



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3. Are parental expectations of the child realistic?

4. Are there any special concerns about the child's attendance or promptness in arrival or departure?

5. What kind of program would you like to see for this child?

6. Please include any other comments you wish to make about the applicant.
