

The Lorge School  
353 W. 17<sup>th</sup> Street, New York, NY 10011

### THE LORGE SCHOOL APPLICATION FOR ADMISSION & INTAKE QUESTIONNAIRE

Date of Intake Appointment: \_\_\_\_\_ Intake Personnel: \_\_\_\_\_

#### STUDENT INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Date of Birth Age NYCID#

\_\_\_\_\_  
Home Address Apt #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Current School Current Grade

School Contact Information: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION: Parent/Guardian 1 Foster Parent yes no

\_\_\_\_\_  
Name (Last, First) Relationship to Student

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number Cell Phone Number Email Address

\_\_\_\_\_  
Profession Work Phone Number

#### PARENT/GUARDIAN INFORMATION: Parent/Guardian 2

\_\_\_\_\_  
Name (Last, First) Relationship to Student

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number Cell Phone Number Email Address

\_\_\_\_\_  
Profession Work Phone Number

#### FOSTER AGENCY:

\_\_\_\_\_  
Name Contact/Phone Number

**PERSONS IN HOUSEHOULD:**

Name: _____	Relation to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling/Age <input type="checkbox"/> Other/Who
Name: _____	Relation to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling/Age <input type="checkbox"/> Other/Who
Name: _____	Relation to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling/Age <input type="checkbox"/> Other/Who
Name: _____	Relation to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling/Age <input type="checkbox"/> Other/Who

If the child does not live with both parents in one house, please answer the following:  
 Are Parents:

Separated  Divorced

Who is the legal guardian? \_\_\_\_\_

To whom should school notices and school reports be sent?

Mother  Father  Other  \_\_\_\_\_

What languages does your child speak? \_\_\_\_\_

What is your child's primary language? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

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**Developmental and Medical History:**

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Were there any complications during pregnancy or birth or after? \_\_\_\_\_

Was your child full term? Yes No If No, in what week was he/she born? \_\_\_\_ Weight \_\_\_\_

At what age did your child: Sit \_\_\_\_\_ Walk \_\_\_\_\_ Say first words \_\_\_\_\_

Describe your child's general health, including any recent illness, special medical problems, allergies or dietary restrictions:

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Does your child experience sleeping problems? If yes, explain:

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Does your child wear glasses/hearing aids? Yes No

Explain: \_\_\_\_\_

Is your child on Medication? Yes No

Name of Medication? \_\_\_\_\_ Dosage? \_\_\_\_\_ Purpose? \_\_\_\_\_

Name of Medication? \_\_\_\_\_ Dosage? \_\_\_\_\_ Purpose? \_\_\_\_\_

Name of Medication? \_\_\_\_\_ Dosage? \_\_\_\_\_ Purpose? \_\_\_\_\_

**Intervention History:**

Has your child received the following intervention services? (Circle all that apply)  
Psychiatric/Psychological Services, Academic Support, Audiological/Hearing Service,  
Occupational Therapy, Physical Therapy, Counseling Services , Speech/Language Therapy,  
OTHER: \_\_\_\_\_

Please list the names of your child's current and former related service providers including  
frequency of visits (# visits/week), and services received (OT, PT, Speech, Psychiatrist,  
Psychotherapist, other)

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**School History:**

Is your child currently enrolled in a school/program? Yes No

Please list the names of all schools currently and previously attended:

Name of School	Dates Attended
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_____	_____
_____	_____
_____	_____

What are the areas of concern for your child in their current/ prior school setting? When did  
these concerns begin and who identified them?

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**Social and Emotional Development:**

How does your child respond to new situations?

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What is your child like at home? (Include activity level and relation to siblings)

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

Explain: \_\_\_\_\_

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Does your child have friends? Does he/she make friends easily?

\_\_\_\_\_

Briefly describe your child's personality?

\_\_\_\_\_

Additional Information:

\_\_\_\_\_

**Parent Impressions:**

Please tell us about your child's strengths, weaknesses, and study/work habits:

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

Study and work habits: \_\_\_\_\_

Please describe your child's special interests and abilities (i.e., sports, computers, music, dancing, art):

\_\_\_\_\_

What pleases you most about your child? \_\_\_\_\_

How much time does your child spend per day watching T.V.? \_\_\_\_\_

How much time does your child spend per day using the computer/video games? \_\_\_\_\_

\_\_\_\_\_

I understand the information provided to The Lorge School will be used a long with the screening interview and day visit , if necessary, to make a determination on appropriate acceptance and placement into the program.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:**

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CBST CASE MANAGER:** \_\_\_\_\_