



ADMISSIONS INQUIRY FORM

Thank you for your inquiry! We will contact you shortly after receiving this completed form to schedule a phone intake. Please allow 5-7 school days for a response.

We schedule personal school tours with parents or guardians who can show proof of vaccination after we have completed a phone screening. You are welcome to bring a current therapist or current teacher for your child on the tour so long as your group is no larger than 3 people. Please do not bring your child on your initial tour unless we request this. Observations are scheduled separately.

Today's date:

Child's Name:

Neuropsychologist/Evaluator:

DOB:

Preferred pronouns (child):

Date of most recent neuropsychological report:

Residential Address:

Parent's Name:

Special education attorney or firm retained:

Preferred pronouns:

Email:

Daytime phone number:

Communication preference: Email Phone

School Year of interest: Immediate 2022-23

Current school/program:

Current class size (please indicate if the child has a 1:1 para or SEIT support):

Current therapies and mandates:

Diagnoses (ASD, ADHD, etc.):

Significant medical issues:

In your opinion, what is the most significant behavioral issue your child is struggling with?

