

GATEWAY SCHOOL APPLICATION

The Hearing and Speech Agency | Harry & Jeanette Weinberg Building | 5900 Metro Drive | Baltimore, MD 21215
(p) 410.318.6780 | MD RELAY 711 | (f) 410.318.6754 | www.hasa.org | hasa@hasa.org



GENERAL INFORMATION

CHILD'S NAME: _____ Birth Date: _____

Address: _____

Female Male Social Security #: _____

Insurance ID #: _____

Child Referred by: _____

MOTHER'S NAME: _____ Email: _____

Address: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

FATHER'S NAME: _____ Email: _____

Address: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

SIBLING(S)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

DEVELOPMENTAL MILESTONES

PLEASE INDICATE IF YOUR CHILD HAS REACHED THE FOLLOWING MILESTONES	YES (at what age?)	NOT YET
Imitate/Repeat sounds?		
Said first word?		
Used two word phrases?		
Used sentences?		
Sat alone?		
Crawled?		
Stood alone?		
Walked alone?		
Toilet trained?		

EDUCATION

Current School: _____ Grade: _____

Address: _____

Phone: _____ Email: _____

SUBJECT AREA	EXCEPTIONAL ABILITIES	DIFFICULTIES
Math		
Reading		
Writing		
Spelling		
Communication		
Social Skills		

Does your child receive? _____ Special Education _____ Speech-Language Therapy
 _____ Occupational Therapy _____ Physical Therapy Other _____

What is your child's attitude towards school? _____

What are your child's areas of greatest interest in school? _____

SPEECH AND LANGUAGE

PLEASE INDICATE THE FOLLOWING ABOUT YOUR CHILD	YES	NO
Does your child babble?		
Does your child use one word?		
Does your child use sentences of 2-3 words?		
Does your child use sentences of 4 or more words?		
Does your child use more than 20 words?		
Does your child follow simple directions?		
Does your child follow a series of directions?		
Do family members understand your child's speech?		
Do other people understand your child's speech?		
Does your child play with toys?		
If "yes," does your child play with toys in a typical manner?		

What toys does your child enjoy playing with? If your child doesn't enjoy playing with toys, please use this space to describe: _____

Describe your child's speech-language problem: _____

What treatment has your child had for speech and language? What were the results? _____

Has anyone in your family ever had a speech, language or hearing problem? YES NO

If "yes," please explain: _____

MEDICAL

PLEASE INDICATE IF YOUR CHILD HAS BEEN DIAGNOSED WITH ANY OF THE FOLLOWING	YES (Please Describe)	NO
ADHD		
Anxiety Disorder		
Apraxia		
Autism Spectrum Disorder		
Behavior Difficulties		
Birth Defects		
Bleeding Problems		
Blood Lead Levels (lead poisoning)		
Communication Disorder		
Diabetes		
Down Syndrome		
Epilepsy/Seizures		
Fragile X Syndrome		
Head Injury		
Hearing Loss		
Intellectual Disability/ Intellectual Development Disorder		
Learning Disorder		
Metabolic Problems		
Vision Loss		
Other		

Pediatrician/Physician: _____

Date of Last Evaluation: _____

Address: _____

Phone: _____

Medications: _____

DATES OF MOST RECENT EVALUATIONS AND ASSESSMENTS	DATE COMPLETED	PERFORMED BY	CONTACT INFO (phone/email)
Speech-language evaluation			
Educational assessment			
Audiological (hearing) screening and/or testing			
Psychological/cognitive evaluation			
Occupational/Physical therapy evaluation			
Psychosocial assessment			
Neurological assessment			

ADDITIONAL INFORMATION

What about your child brings you the most joy? _____

What do you hope your child will gain from going to Gateway School? _____

Is there anything else that you think is important for us to know about your child? (use separate paper if necessary) _____

Thank you for sharing this important information with us. Please include:

- All assessments/evaluations/test reports that may be relevant to your child's placement
- Current IFSP or IEP (if applicable)
- A recent photo of your child

Form completed by: _____

Date: _____

Relationship to child: _____