



Northwest School

For Hearing-Impaired Children

Prospective Student Information Form

The following information is requested in order to assist us in determining the appropriateness of Northwest School for Hearing-Impaired Children as a potential placement for:

CHILD'S FULL NAME: _____ Birthdate: ____/____/____

Parent Name _____ Ph. (____) _____

Parent Email Address _____

Address _____

City _____ State _____ Zip _____

Parent Name _____ Ph. (____) _____

Parent Email Address _____

Address _____

City _____ State _____ Zip _____

Child lives with: ___ both parents ___ mother only ___ father only

School District: _____

School District Contact Person: _____ Ph. (____) _____

Previous Educational Experience (two most recent placements):

School _____

Grade _____ Teacher _____

Reason for new placement:

School _____

Grade _____ Teacher _____

Reason for new placement:

HISTORY Age of onset of hearing loss: _____ Age when diagnosed with a hearing loss: _____
 Age child started wearing hearing aid(s) or cochlear implant(s): _____

Child wears: (select one)		<u>Cochlear implants only:</u> Date implanted: Where:	How many hours a day does your child wear his/her amplification?
<input type="checkbox"/>	one cochlear implant		
<input type="checkbox"/>	two cochlear implants		
<input type="checkbox"/>	one hearing aid		
<input type="checkbox"/>	two hearing aids		

Does the child have tubes in his/her ears? _____ Chronic Ear Infections? _____

COMMUNICATION SKILL INFORMATION:

Does the child sign? _____ If so, what sign language or code does the child use?

Do the parents sign? _____ If so, what sign language or code is used?

Child usually communicates by using: ___ voice only ___ voice and signs together ___ signs only

Our program strongly emphasizes the development of English, speech, and auditory skills using simultaneous Signing Exact English and speech. Is this consistent with this child's needs? _____

Briefly describe your child's educational needs: _____

Additional Support Services recommended by the Multi-disciplinary Team: _____

HEALTH INFORMATION Check any of the following conditions that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> diabetes | <input type="checkbox"/> seizures | <input type="checkbox"/> allergies: (Please list) |
| <input type="checkbox"/> wears glasses | <input type="checkbox"/> heart disease | _____ |
| <input type="checkbox"/> tubes in ears | <input type="checkbox"/> blood disease | _____ |
| <input type="checkbox"/> kidney disease | <input type="checkbox"/> rheumatic fever | _____ |

Other medical issues or physical, emotional, or health concerns: _____

State emergency care for any of the above conditions: _____

Please request that a medical report on these conditions be sent to the school by your child's physician. We can not process your child's application until all appropriate medical reports are received.

Please provide any information not included previously, which you think we should know about your child's physical, mental and emotional health (i.e. limitations in activities, medications, etc.):

Date: _____

Signature(s) of parent(s)/guardian(s): _____

PLEASE ENCLOSE THE FOLLOWING:

We cannot process your child's application until all this information is received.

- ___ Most Recent Audiological Report and Audiogram
- ___ Pertinent Medical Information
- ___ Speech/Language Pathologist Individual Assessment Summary*
- ___ Multi-disciplinary Team Summary Analysis*
- ___ School Records from previous educational programs*
- ___ Most Recent IEP*

*If applicable, please be sure to include

Please return the completed form to the school office or mail it to:

Northwest School for Hearing-Impaired Children
15303 Westminster Way North
Shoreline, WA 98133

Northwest School for Hearing-Impaired Children admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, policies, financial aid program and other administered programs.