



## Admissions Application Form

The following information is requested in order to assist us in determining the appropriateness of Northwest School for Deaf and Hard-of-Hearing 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. (\_\_\_\_) \_\_\_\_\_

**For NWSDHH Staff to Complete:**

Date Received: \_\_\_\_\_ Visit 1 Date: \_\_\_\_\_ Visit 2 Date: \_\_\_\_\_

Post visit: Teacher consult \_\_\_\_\_ District Consult: \_\_\_\_\_ Parent Consult: \_\_\_\_\_

File to front desk for: Student File \_\_\_\_\_ General File \_\_\_\_\_

**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><br><br>Date implanted:<br><br>Where: | How many hours a day does your child wear their 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      |                                                                     |                                                                |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
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Does the child have tubes in their 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 Signed Exact English and speech. Is this consistent with this child's needs? \_\_\_\_\_

Briefly describe your child's educational needs:

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Additional Support Services recommended by the Multi-disciplinary Team:

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**HEALTH INFORMATION** Check any of the following conditions that apply:

\_\_\_ diabetes                      \_\_\_ seizures                      \_\_\_ allergies:  
(Please list)

\_\_\_ wears glasses  
\_\_\_ tubes in ears  
\_\_\_ kidney disease

\_\_\_ heart disease  
\_\_\_ blood disease  
\_\_\_ rheumatic fever

**CHILD'S NAME:** \_\_\_\_\_

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

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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.):

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

\_\_\_\_\_ (date) \_\_\_\_\_

\_\_\_\_\_ (date) \_\_\_\_\_

**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 Deaf and Hard-of-Hearing Children  
P.O. Box 33666  
Shoreline, WA 98133

Northwest School for Deaf and Hard-of-Hearing 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.