

**YOUNG LEARNERS PRE-SCHOOL  
& EARLY INTERVENTION CENTER**

Thank you for your interest in the Young Learners Therapeutic Preschool & Early Intervention Center. Enclosed you will find a description of our admissions procedures, along with an application. Please complete the application forms to the best of your ability, as this information will assist our admissions team in identifying your child's needs.

The admissions department will contact you, once all of the documentation has been received, in order to set up an interview with both you and your child. The interview is usually 1 to 1½ hours in length. The admissions evaluator may contact professionals who are familiar with your child to broaden the overall perspective of your child's specific needs. Once all pertinent information has been gathered it will be presented to the Admissions Committee. You will be informed of the results as soon as a decision has been made. The entire process usually takes two to four weeks after the complete application is received.

**PLEASE RETURN YOUR APPLICATION AND ALL DOCUMENTS TO:**

**Young Learners Preschool  
& Early Intervention Center  
Attention: Admissions Department  
13130 Burbank Blvd.  
Sherman Oaks, CA 91401**

DATE: \_\_\_\_\_

Please check each box to make sure all of the following are included. *(If not applicable, please mark N/A)*

- Completed Application
- Recent photo of your child
- The most recent **annual IEP (if any)**, and all subsequent addenda
- Copy of the referral letter from your school district

**Documentation as to the nature of your child's needs including but not limited to:**

- Medical Evaluations
- Psychological Evaluations (including Regional Center evaluations)
- Department of Mental Health 3632 Evaluation
- School District Evaluations
- Speech and Language Evaluations
- Occupational Therapy Evaluations
- Other Evaluations (please list): \_\_\_\_\_

**AUTHORIZATION AND AGREEMENT**

“I authorize investigation of all statements contained in this Application for Admission to the educational program as may be necessary in arriving at an admission decision. In the event of admission, I agree that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission. I understand also that continued admission to the educational program requires the student to abide by all rules and regulations of the educational institution.”

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

**YOUNG LEARNERS PRE-SCHOOL & EARLY INTERVENTION CENTER**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

MediCal # \_\_\_\_\_ SS # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone/Page # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone/Pager # ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Job Title/Position \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

**PREFERRED METHOD OF CONTACT:**

**PHONE**       **E-MAIL**       **EITHER**   
( Circle: Home Cell Work )

**FAMILY MEMBERS/SIBLINGS:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Is your child adopted?       Yes      At what age? \_\_\_\_\_       NO  
Primary language? \_\_\_\_\_      Languages spoken in the home: \_\_\_\_\_

If parents are separated or divorced:  
Date of separation or divorce \_\_\_\_\_      Child's age at time of divorce \_\_\_\_\_

Current custody arrangement (Please enclose court documents) \_\_\_\_\_

**I. DEVELOPMENTAL HISTORY:**

Place of Birth \_\_\_\_\_ Duration of pregnancy (in weeks) \_\_\_\_\_

Please, list any complications during the pregnancy \_\_\_\_\_

Please, list any complications during the delivery \_\_\_\_\_

Delivery:

Type of labor: spontaneous  Induced  Duration of labor \_\_\_\_\_

Type of delivery: Normal  Caesarean  Breach  Forceps  Birth weight \_\_\_\_\_ Length (in.) \_\_\_\_\_

**II. MILESTONES:**

Please indicate the age at which your child reached the following developmental milestones to the best of your ability (if not yet achieved, mark NY):

Smiled \_\_\_\_\_ Sat without support \_\_\_\_\_ Crawled \_\_\_\_\_ Stood without support \_\_\_\_\_

Walked without assistance \_\_\_\_\_ Able to climb stairs \_\_\_\_\_ Rode tricycle \_\_\_\_\_

Buttoned clothing \_\_\_\_\_ Tied shoelaces \_\_\_\_\_ Wrote name \_\_\_\_\_ Ran \_\_\_\_\_

Hopped on 1 foot \_\_\_\_\_ Skipped \_\_\_\_\_ Jumped \_\_\_\_\_ Toiled trained (day) \_\_\_\_\_

Toiled trained (night) \_\_\_\_\_ Toiled trained by whom? \_\_\_\_\_

Please indicate if any of the following circumstances ever applied to your child and describe:

Did not enjoy cuddling \_\_\_\_\_

Was not calmed by being held and stroked \_\_\_\_\_

Colic  Yes  No Length of time \_\_\_\_\_

Frequent head banging  Yes  No

Frequently placed self in harmful situations  Yes  No

Excessive number of accidents/injuries compared to other children  Yes  No

Do you consider your child to understand directions and situations as well as other children his or her age?

Yes  No Please explain \_\_\_\_\_

Please rate your child's overall level of intelligence compared to other children:

Below average  Average  Above average

**III. LANGUAGE DEVELOPMENT:**

At what age did your child babble? \_\_\_\_\_ Produce his/her first words? \_\_\_\_\_

Speak in two-word phrases? \_\_\_\_\_ Speak in sentences? \_\_\_\_\_

Did your child ever have words that she/he later seemed to have "lost" or forgotten? \_\_\_\_\_

Does your child have difficulty making eye contact? \_\_\_\_\_

Does your child exhibit stereotyped or repetitive speech and/or interests (such as watching the same video or saying the same word over and over again?) \_\_\_\_\_

What is the approximate number of words that your child currently speaks? \_\_\_\_\_

Has your child had a speech and language evaluation? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_ ( \_\_\_\_\_ )  
Name of Service Provider Phone Number

**IV. SOCIAL HISTORY:**

A. Does your child have difficulty transitioning between tasks? \_\_\_\_\_

If yes, please describe behavior while transitioning \_\_\_\_\_

B. Does your child exhibit any repetitive motor movements (hand flapping, spinning, etc.)? \_\_\_\_\_

If yes, please describe behavior \_\_\_\_\_

C. Does your child engage in imaginative or make believe play? \_\_\_\_\_

Does he/she do so in the presence of other children? \_\_\_\_\_

D. Does your child ever engage in: hitting?  kicking?  biting?  scratching?  pushing?

Under what circumstances? \_\_\_\_\_

Please, list any personal or family stressors that occurred during pregnancy or post-birth up to present date (death in family, divorce, trauma, illness, separations, birth of siblings, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**V. MEDICAL HISTORY:**

Has your child received a diagnostic evaluation?  Yes  No

What were the diagnostic results of this evaluation? \_\_\_\_\_

Does the applicant have any chronic or serious health problems?  Yes  No

If yes, please describe: \_\_\_\_\_

Does the applicant have any health restrictions or limitations?  Yes  No  
If yes, please describe: \_\_\_\_\_

Does the applicant have any allergies?  Yes  No  
If yes, please describe: \_\_\_\_\_

Is there a history of the applicant taking medications?  Yes  No  
If yes, please list:

<u>MEDICATION*</u>	<u>DOSAGE/TIMES</u>	<u>PRESCRIBING DR.</u>	<u>PURPOSE</u>
_____*	_____	_____	_____
_____*	_____	_____	_____
_____*	_____	_____	_____

**\*Please indicate month/year of initiation and month/year of discontinuation**

Has your child been hospitalized for any reason?  Yes  No (If yes, please explain below)

Reason: \_\_\_\_\_

Age: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Duration: \_\_\_\_\_

**VI. SCHOOL HISTORY:**

_____	_____	_____	
Name of current school	Grade	Current teacher's name	
_____	_____	_____	_____
Street address	City	State	Zip Code
(_____) _____	_____	_____	
Phone number	Date started	Ending date	

Please describe your child's most recent school program and reason for change (i.e., special education, full inclusion, types of children served, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's strengths:

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When and how did your child's special needs become apparent?

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Is there any additional information that you feel would be helpful in evaluating your child?

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**VII. IEP INFORMATION AND FUNDING SOURCE**

Please enclose a copy of your child's **two most recent annual IEPs, and all subsequent addenda**. If your child does not have a current IEP, please state where you are in the IEP process. Do you currently have:

Valid I.E.P. with Non Public School designation  YES  NO

I.E.P. meeting with district to receive NPS funding  YES  NO

*If IEP meeting set, please indicate date:* \_\_\_\_\_

Mediation Agreement  YES  NO

*If Mediation Agreement meeting set, please indicate date:* \_\_\_\_\_

Fair Hearing  YES  NO

*If Fair Hearing meeting set, please indicate date:* \_\_\_\_\_

Will fund privately  YES  NO

ASSISTED/REPRESENTED BY:  SELF  ADVOCATE  ATTORNEY  
Name: \_\_\_\_\_

SEEKING PLACEMENT FOR:  ASAP  FALL  SPRING  SUMMER

**VIII. REFERRAL SOURCE**

Please provide the following information regarding the person or organization that referred you to The Help Group.

1. \_\_\_\_\_  
NAME

2. \_\_\_\_\_  
NAME

\_\_\_\_\_  
TYPE OF REFERRAL

\_\_\_\_\_  
TYPE OF REFERRAL

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER

QUALIFIED APPLICANTS ARE ADMITTED WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, OR GENDER