



INSTITUTE OF NEUROPLASTICITY

REGISTRATION FORM

THE INSTITUTE OF NEUROPLASTICITY (ION) ADMITS LEARNERS THROUGHOUT THE ACADEMIC YEAR FROM SIX (6) TO TWELVE (12) YEARS OF AGE, SUBJECT TO AVAILABILITY. LEARNERS WISHING TO BE ADMITTED INTO THE PROGRAMME MUST PROVIDE A COMPLETED REGISTRATION FORM ALONG WITH THE FOLLOWING DOCUMENTATION:

- BIRTH CERTIFICATE OR VALID PASSPORT
- MOST RECENT ACADEMIC REPORT (GRADE 1+)
- COMPLETED REGISTRATION FORM
- MEDICAL CERTIFICATE THAT INCLUDES IMMUNISATION RECORDS
- TWO PASSPORT PHOTOS
- CURRENT INDIVIDUALISED EDUCATIONAL PLAN (IEP), IF APPLICABLE
- MOST RECENT PSYCHOEDUCATIONAL EVALUATION & DIAGNOSIS



CANDIDATE INFORMATION

Name: _____

Date of Birth (DD/MM/YY): _____

Age: _____

Gender: _____

Requested Started Date: _____

Home Address: _____

Candidate's Primary Diagnosis: _____

Date of Diagnosis: _____ Diagnostic Facility: _____

Secondary Diagnosis (if any): _____

Date of Diagnosis: _____ Diagnostic Facility: _____



PARENT/ GUARDIAN INFORMATION

Mother's/ Guardian's Name: _____

Home Address: _____

Employer: _____

Occupation: _____

Marital Status: _____ Phone Contact (H): _____

Phone Contact (C): _____

E-Mail Address: _____

Father's Name: _____

Home Address: _____

Employer: _____

Occupation: _____

Marital Status: _____ Phone Contact (H): _____

Phone Contact (C): _____

E-Mail Address: _____

Emergency Contact Name: _____

Relationship to Candidate: _____

Phone Contact: _____



MEDICAL INFORMATION

Has the candidate been diagnosed with any other medical condition(s)?

Yes No

If "yes," please list: _____

Is the candidate currently taking any medication? Yes No

If "yes," please list:

Medication/Supplements	Dosage	Frequency	Date Prescribed	Prescribed For

Does the candidate have any allergies: ___ Yes ___ No

If "yes," please list: _____

Describe the candidate's eating habits:

Describe the candidate's sleeping habits:

Candidate's Physician: _____

Physician's Phone Contact (or E-Mail Address): _____

Additional Medical Information:



NARRATIVE

Describe the candidate's development from birth to present:



EDUCATIONAL SERVICES INFORMATION

Candidate's Current School: _____

Location of School: _____ Year of Enrollment: _____

Does the candidate receive any special educational services? Yes No

If "yes," please explain:

Describe the candidate's current classroom setting:

Number of Students in Classroom: _____

Staff to Student Ratio: _____

Does the candidate receive any other services? Include all that may apply:

Service(s)	Times (per week) & Length of Session (i.e. 3 x 40mins/ wk)
Educational Assistant/Aide in classroom	
Speech and Language Therapy	
Occupational Therapy	
ESL Services	
Counselling	
Other:	



BEHAVIORAL AND EXPRESSIVE LANGUAGE

Expressive Verbal Skills:

Describe the candidate's ability to babble speech sounds:

Describe the candidate's spontaneous language:

Describe the candidate's ability to indicate his/her wants and/or needs:

Describe the type of items that the candidate is able to request for:

Describe the candidate's ability to imitate vocal sounds, words, and/or phrases:

Describe the candidate's ability to label items, events, activities, and/or actions:

Describe the candidate's ability to answer questions:

Describe the candidate's ability to follow directions and routines (within context or modeling):

Describe the candidate's ability to follow directions and routines (out of context or without modeling):

Motor Imitation:

Is the candidate able to imitate simple motor movements (clapping, waving, etc.)?

Yes No

Is the candidate able to imitate actions using objects with modeling?

Yes No

Is the candidate able to imitate finger-play action with a song or group?

Yes No

Social Skills:

Does the candidate make full eye contact with others?

Yes No

Describe the candidate's response when addressed by others:

Describe the candidate's interest in being with others (peers, adults, and other persons):

Describe the candidate's interest in peer activities:

Describe the candidate's ability to participate in turn-taking activities:

Play Skills:

Describe how the candidate plays with toys and objects:

Does the candidate use toys as intended or as self-stimulatory objects?

Describe the candidate's interactive play with other peers:

Describe the candidate's imaginative and pretend play skills:

Academic Skills:

Check all skills that the candidate is able to demonstrate:

- | | |
|---|---|
| <input type="checkbox"/> Can recite alphabet | <input type="checkbox"/> Can read words |
| <input type="checkbox"/> Can label each letter | <input type="checkbox"/> Can stack blocks |
| <input type="checkbox"/> Can count – If so, to _____ | <input type="checkbox"/> Can complete simple puzzles |
| <input type="checkbox"/> Can count with 1:1 correspondence | <input type="checkbox"/> Can order items from biggest to smallest |
| <input type="checkbox"/> Can order items from smallest to biggest | |

Fine Motor and Gross Motor Skills:

Describe the candidate's gross motor skills:

Check all skills that the candidate is able to demonstrate:

- | | |
|--|--|
| <input type="checkbox"/> Can throw a ball | <input type="checkbox"/> Can roll a ball |
| <input type="checkbox"/> Can kick a ball | <input type="checkbox"/> Can raise arms up |
| <input type="checkbox"/> Can bounce a ball | <input type="checkbox"/> Can jump |
| <input type="checkbox"/> Can catch a ball | <input type="checkbox"/> Can twirl arms |

Describe the candidate's fine motor skills:

Check all skills that the candidate is able to demonstrate:

- | | |
|--|---|
| <input type="checkbox"/> Can scribble | <input type="checkbox"/> Can draw pictures/shapes |
| <input type="checkbox"/> Can string beads | <input type="checkbox"/> Can use scissors |
| <input type="checkbox"/> Can write letters | <input type="checkbox"/> Can draw lines |
| <input type="checkbox"/> Can write words | <input type="checkbox"/> Can write name |

Self-Help Skills:

Describe the candidate's ability to feed his/her self:

Is this candidate able to wash and dry his/her hands independently? Yes No

Is the candidate toilet trained? Yes No

If “yes,” what programme or technique was used?

Describe the candidate’s dressing skills:

Describe any household task(s) that the candidate is able to assist with or complete:

Describe how the candidate responds to situation of danger:



PROBLEM BEHAVIOUR ASSESSMENT

Describe (in general) the candidate’s behaviour in public places/activities:

Does problem behaviour occur if the child is denied something desired? ___ Yes ___ No

Does problem behaviour occur if an enjoyable activity is interrupted? ___ Yes ___ No

In which setting(s) do problem behaviour(s) occur?

___ Home

___ School

___ Community

___ Other: _____

Describe the candidate’s behaviour at home:

Are there times when family activities are modified because problem behaviour(s)?

Yes No

If "yes," please describe:

Please list and describe each problem behaviour that the candidate may display (include any damage resulting from behaviour(s) to his/her self, others, or property):

Has the candidate (or anyone else) ever received medical care as a result of the candidate's problem behaviour? Yes No

If yes, please describe

What is the estimated frequency of problem behavior emitted by the candidate?

Less than 1 episode per week

More than 1 episode per day

1 episode per day

1-5 episodes per week

Describe any of the following that may pertain to the candidate and the conditions under which they may occur.

Repetitive behaviour(s):

Obsessive/ritualistic behaviour(s):

Self-injurious behaviour(s):

Self-stimulatory behaviour(s):

Escape-motivated behaviour(s):

Unsafe/dangerous behaviour(s):

Physical aggression:

Property destruction:

Withdrawal:



EXPECTATIONS

Describe the skill areas that are a priority for the candidate (e.g. language, socialisation, problem behaviour):

Describe the short-term and long-term goals for the candidate:

Short-term goals (1-2 years):

Long-term goals (3-5 years):

What level of commitment are you willing to make at home in order for the candidate to achieve the above goals?

The undersigned hereby acknowledges that the information contained in this application is accurate in all respects.

Parent/Guardian Signature: _____ Date: _____