

APPLICATION FOR ADMISSIONS

Therapeutic Intake Form

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Please list any notable medical history below, including atypical birth history, periods of hospitalization, relevant diagnosis, and current medications: \_\_\_\_\_

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

Does your child have any difficulties with feeding, or has your child had difficulties in the past? (e.g., Difficulty with breastfeeding, preference for certain foods/textures, messy eater, etc.): \_\_\_\_\_

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

What are your child's strengths? \_\_\_\_\_

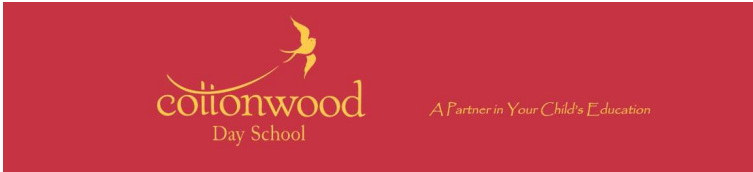
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's interests (favorite activities, hobbies, movies, books, games, etc.)? \_\_\_\_\_

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

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

10180 Cottonwood Road, Bozeman, MT 57918 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)



Speech and Language Concerns

Does your child demonstrate any of the following difficulties with his/her speech and/or language? (Check all that apply)

Speech sounds: Does your child have difficulty producing specific speech sounds? If so, which sounds? [lines]

Speech clarity: Does your child struggle with overall speech clarity (e.g. rapid rate, mumbling)? If so, please note your observations: [lines]

Spoken sentence structure: Do you notice any specific grammatical errors? If so, please provide a description or example of errors: [lines]

Language organization: Does your child tend to ramble, restart his/her utterances, or use a large number of fillers (e.g., um, uh, stuff, things)

Language comprehension: Does your child demonstrate difficulty understanding directions, stories, questions, or in other contexts? If so, please explain when you notice these difficulties: [lines]

Non-discrimination Policy: COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.



A Partner in Your Child's Education

# APPLICATION FOR ADMISSIONS

## Therapeutic Intake Form

**Fluency:** Does your child exhibit signs of stuttering?

**Voice:** Does your child's voice sound atypical? Do you hear hypernasality, hyponasality, or difficulties with pitch or volume?

If so, please explain your observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social:** Do you have concerns for your child's social abilities such as engaging in conversation (asking and answering questions), picking up on social cues, eye contact, flexibility, following expected social norms?

If so, please explain your concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hearing:** Does your child have any known concerns with his/her hearing?

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

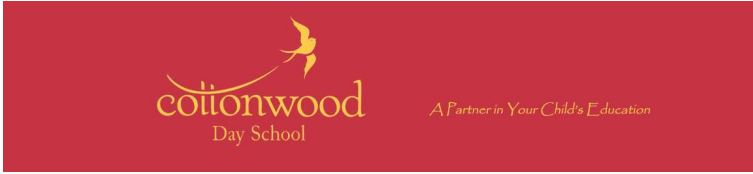
Is your child aware of his/her difficulties with speech and/or language?  Yes  No

Does he/she appear frustrated by these difficulties?  Yes  No

What do you think is your child's greatest communication need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

10180 Cottonwood Road, Bozeman, MT 579718 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)



**APPLICATION FOR ADMISSIONS**

*Therapeutic Intake Form*

**Executive Functioning Concerns**

Does your child demonstrate any of the following difficulties with his/her executive functions skills? (Check all that apply, and please feel free to include additional notes in the space below the items)

**Planning/prioritization**

- Does not complete important tasks (e.g., homework, chores) first before engaging in free time activities?
- Difficulty gathering necessary materials for projects or activities?
- Struggles to generate an appropriate sequence when approaching tasks or problems?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Working memory**

- Forgets to hand work in?
- Does not follow directions carefully?
- Struggles to write down assignments independently?
- Does not bring home appropriate materials (e.g., snow clothes, homework, books, worksheets, etc.)?
- Does not bring needed materials to school?
- Forgets instructional sequences after normal instruction (e.g., alphabet, numbers, multistep problems)?
- Forgets to perform chores or other household responsibilities?
- Loses things within the home, yard, or neighborhood?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Flexibility**

- Cannot think flexibly about problems (e.g., does not get stuck on one approach or solution)?
- Struggles to access appropriate resources to help him/her solve the problem?
- Cannot take another person’s perspective on a problem or situation?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

10180 Cottonwood Road, Bozeman, MT 579718 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)

***Therapeutic Intake Form***

**Task initiation, follow-through, and time management**

- Does not begin tasks on his/her own?
- Has difficulty finishing work on time?
- Does not follow a timeline or schedule?
- Is not able to estimate how long it will take to complete a task?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization**

- Has difficulty keeping notebooks and papers organized?
- Does not keep room and/or workspace (e.g., desk) tidy?
- Does not keep belongings neat and in appropriate locations (e.g., gym clothes, coats, hat, mittens)?
- Struggles to track belongings?
- Has difficulty keeping backpack organized?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emotional control and response inhibition**

- Easily becomes upset?
- Throws temper tantrums?
- Acts impulsively, either verbally or physically (e.g., provoking siblings)?
- Interrupts others?
- Demonstrates difficulty waiting his/her turn?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Therapeutic Intake Form*

**Sustained attention and goal-directed persistence**

- Is unable to continue with tasks due to distractions?
- Does not stick with nonpreferred tasks long enough to complete it?
- Has difficulty finishing project by deadlines?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Metacognition**

- Demonstrates difficulty understanding homework directions?
- Has difficulty asking for help when it is needed?
- Makes careless mistake and/or fails to check work?
- Does not recognize that he/she has a problem (e.g., does not understand instructions)?
- Does not try to solve the problem first on his/her own before going for help?
- Struggles to evaluate his/her own performance to know whether the problem was solved successful?

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Visual-Motor Integration and Visual Perceptual Skills**

<b>Does your child have difficulty with any of the following tasks?</b>				
	<b>Often</b>	<b>Sometimes</b>	<b>Never</b>	<b>Comments</b>
<b>Poor alignment awareness in handwriting?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Letter reversal?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Difficulty copying writing or drawing?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Trouble recognizing patterns?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Difficulty catching or kicking a ball?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Trouble with movement games like hopscotch?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Clumsiness?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Difficulty with puzzles?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Difficulty keeping place when reading?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Difficulty searching for lost items?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Difficulty cutting simple or complex shapes?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

10180 Cottonwood Road, Bozeman, MT 579718 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)

*Therapeutic Intake Form*

**Fine Motor Control and Coordination**

Is your child right or left handed? \_\_\_\_\_

<b>Does your child demonstrate the following skills?</b>				
	Yes	With Help	No	Comments
<b>Open and close a Ziplock bag?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Manipulate clothing fasteners?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Uses a tripod grasp when writing /coloring?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>String small beads?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Push Lego pieces together?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Uses pincer grasp to manipulate small items?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Use a utensil during mealtime with minimal spillage?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Write uppercase letters legibly?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**Gross Motor Control and Coordination**

Is your child able to complete the following gross motor tasks?				
	Yes	With Help	No	Comments
<b>Jumping Jacks?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Monkey Bars?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pumping self on a swing?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hopping on one foot?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sit on floor/chair without leaning on arms or slouching?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Plank position for 10 seconds?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Catch a ball with 2 hands 75% of the time?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Catch a ball with 1 hand 75% of the time?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Throw a target 75% of the time?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***Therapeutic Intake Form***

**Self-Care Skills and Activities of Daily Living**

Is your child able to complete the following tasks?				
	Yes	With Help	No	Comments
<b>Get dressed with clothing oriented correctly?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Manipulate fasteners on body?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ties shoes?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Complete tooth brushing routine?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Make simple snack or meal (Please provide examples in the comments)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Organize/clean bedroom?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Feeding Skills:**

What are your child's preferred foods? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your child a messy eater? Does he/she typically notice food on his/her face? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sensory-Processing Integration:**

Does your child require specific sensory input to self-calm when upset or stressed? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

10180 Cottonwood Road, Bozeman, MT 579718 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)

***Therapeutic Intake Form***

<b>Does child...</b>	<b>Yes</b>	<b>No</b>	<b>Used To</b>	<b>N/A</b>
<b>Misjudge how much to flex and extend muscles during tasks/activities (i.e., putting arms into sleeves or climbing)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty regulating pressure when writing/drawing; may be too light to see or so hard the tip of the writing utensil breaks?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Written work is messy and he/she often rips the paper when erasing?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Misjudges the weight of an object, such as a glass of juice, picking it up with too much force sending it flying or spilling, or with too little force and complaining about the objects being too heavy?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fearful of the sound of a flushing toilet (especially in public bathrooms), vacuum, hairdryer, squeaky shoes, or a dog barking?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Startled with or distracted by loud or unexpected sounds?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bother/distracted by background environmental sounds; i.e., lawn mowing or outside construction?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Frequently asks people to be quiet; i.e., stop making noise, talking, or singing?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>May only eat "soft" or pureed foods past 24 months of age?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>May gag with textured foods?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lick, taste, or chew on inedible objects?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prefers foods with intense flavor; i.e., excessively spicy, sweet, sour or salty?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Frequently chews on hair, shirt, or fingers?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensitive to bright lights; will squint, cover eyes, cry, and/or get headaches from the light?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have difficulty keeping eyes focused on task/activity he/she is working on for an appropriate amount of time?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

10180 Cottonwood Road, Bozeman, MT 579718 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)



# APPLICATION FOR ADMISSIONS

## Therapeutic Intake Form

Does child...	Yes	No	Used To	N/A
Have difficulty in bright colorful rooms or a dimly lit room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty telling the difference between similar printed letters or figures; i.e., p and q, b and d, + and x, or square and rectangle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a hard time seeing the “big picture”; i.e., papers on a desk, clothes in a drawer, items on a grocery shelf, or toys in a bin/toy box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses place when copying from a book or chalkboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty controlling eye movement on track and follow moving objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty finding differences in pictures, words, symbols, or objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child currently enrolled in physical, occupational, speech, visual, or behavior therapy?  Yes  No

If yes, please list the type of therapy received, the name and location of the professional he/she sees, and for how long your child has been enrolled below?

---



---



---



---

Has your child previously received physical, occupational, speech, visual, or behavioral therapy?  Yes  No

If yes, please list the types of therapy received, location, and dates below?

---



---



---



---

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

10180 Cottonwood Road, Bozeman, MT 579718 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)

### *Therapeutic Intake Form*

Would you be interested in including speech and language or executive function skill practice into your weekly homework routine?

Yes  No

If yes, what is your preferred mode of communication to discuss practice?

- Email
- A note in your child's homework folder
- A scheduled phone call
- Meeting before or after school

Reference: Executive function questions adapted from Dawson and Guare (2010). Copyright by the Guilford Press

---

**Non-discrimination Policy:** COTTONWOOD DAY SCHOOL 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 of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admission/educational policies, financial aid programs, and other school-administered programs.

---

10180 Cottonwood Road, Bozeman, MT 57918 ~ 406--586-3409 ~ [www.cottonwooddayschool.org](http://www.cottonwooddayschool.org) ~ [info@cottonwooddayschool.org](mailto:info@cottonwooddayschool.org)

---