



**Admission Information Form  
Secondary Program**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Name of person completing form \_\_\_\_\_  
Relationship to student \_\_\_\_\_

**Vision:**

Totally Blind \_\_\_\_\_  
Partially Sighted \_\_\_\_\_ Visual Acuity: R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_  
Etiology \_\_\_\_\_  
Visual Aids (glasses, telescope, magnifier) \_\_\_\_\_

**Hearing:**

Describe \_\_\_\_\_  
List prescribed aids (cochlear implants, FM Unit) \_\_\_\_\_

**Speech and Language:**

Describe the student's receptive and expressive language \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Educational Placement:** \_\_\_\_\_  
\_\_\_\_\_

**Approximate Grade Level of Educational Performance:** \_\_\_\_\_  
\_\_\_\_\_

**Interests, Strengths, Areas of Difficulty:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Support Services** (please include hours per day/week or/month):

Individual Aide _____	Occupational Therapy _____
Itinerant Vision Teacher _____	Orientation & Mobility _____
Speech and Language Therapy _____	Physical Therapy _____
Adaptive Physical Education _____	Psychological Services _____
Adaptive Computer Instruction _____	Counseling _____

**Social Skills:**

Describe the student's social skills, relationships, and use of leisure time \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Behavior and Adjustment:**

Are there any behavior and adjustment concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Orientation and Mobility:**

Describe the student's mobility at school, home, and in the community. Include the use of mobility aids \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Daily Living Skills:**

Describe the student's daily living skills including eating/dressing/toileting/use of adaptive equipment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Does student use any medical devices/equipment?** (e.g. tracheotomy, oxygen) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information including mental health history:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

