

One Step Up Preschool Application

One Step Up is a cognitive based preschool for children with physical disabilities being run by Beyond Limitations. We recognize that sometimes the answers to problems that children have are composed of many factors. We are very willing to pursue ideas and help from a variety of specialists and resources in the community to assist your children in achieving their full potential. Please answer the questions below to give us a comprehensive picture of your child's health issues, family situation, and future needs.

Cognitive skills are the means by which actions, language and thoughts are formed in the brain. The early years are prime time for exposure to a multitude of experiences that help these skills develop. We believe in providing a challenging, child-centered and engaging social environment where teachers will exercise cognitive skills. These skills are the foundation on which all future learning takes place. Our goal is to have our students move on to kindergarten as capable and confident learners.

We will be looking for the following cognitive skills during an informal play based assessment as a part of the application process:

- Attention span – to watch and listen, maintain eye contact, share experiences
- Imitation skills – actions, sounds, words
- Problem solving – object permanence, cause and effect, means to end, repetition, trial and error
- Concept/skill acquisition – discrimination, identification, classification
- Language comprehension and use

Appropriate candidates for the preschool will have these skills at an emerging level – that with an adult model and assistance, they occur at least part of the time. This assessment will take approximately 30-45 minutes and will be scheduled prior to final acceptance as part of the application process.

Our hope is that our model will be that the teacher and family will then be able to work together to scaffold the skills to independent and spontaneous acquisition of learning skills and tasks.

STUDENT AND FAMILY INFORMATION AND CONSIDERATIONS

Student Name: _____	Birth Date: _____
Nickname: _____	Diagnosis: _____
Address: _____	Phone: _____
_____	Cell Phone: _____
E-mail Address _____	Student SSN: _____
Parents' Names: _____	
Primary Doctor: _____	
Guardian Name if not Parents: _____	
Relation of Guardian to Student: _____	
Emergency Contact Person: _____	
Relation of Emergency Contact Person to Student: _____	
If Parents are not Guardians, are they to be notified in an emergency? _____	
Student's Siblings and Ages: _____	_____
_____	_____
_____	_____

One Step Up Preschool Application (Continued)

Names of people authorized to bring and pick Student up from school:

Student Allergies:

Specific Issues/Problems Student has that relate to Diagnosis (allergies, behaviors, health):

Does Student have an affiliation with Family Outreach, AWARE, Hearts & Homes, or some other case management group: _____

Please explain your child's strengths and weaknesses:

Does Student go to a Day Care Center: _____

Are there transitions in the recent past or near future that may have an effect on Student such as a move, a baby, marriage or divorce, new school, new member or the household?

Is there a need for specialized medical equipment:

Is there a need for equipment that has been recommended but not been acquired:

Is there equipment that is wanted but that you cannot get:

Has Student been evaluated by Montana Adaptive Equipment Program:

What special tests, if any, have been done, if so, when:

MRI _____ Blood Work _____

Swallow Study _____ Genetic Testing _____

Any other special tests: _____

Has Student attended any specialty clinics such as infant Evaluation at Bozeman Deaconess, Child Find, or others: _____

Current Medications:

Drug Name	Started	Ended	Dosage	Frequency	Reason	Side Effects

Do we have permission to get copies of all pertinent labs, MRIs, swallow studies, genetic tests, IEPs, and doctor's notes relating to referral for services? If so please complete a release of medical records form. Please submit a copy of your child's immunization records.