



Reece School

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info@reece.school.org

ADMISSION PROCEDURE:

1. Application

To apply to The Reece School, the following items must be submitted to the school along with the application form:

- ____ \$50 Application Fee*
- ____ Application form
- ____ Recent IEP
- ____ Recent psycho-educational (within 6 months or less)
- ____ Recent School progress reports
- ____ Social history
- ____ Other pertinent evaluations (e.g. Speech & Language, Occupational Therapy, Physical Therapy)
- ____ Other _____

Please note that applications cannot be reviewed unless ALL necessary materials are submitted!

2. Intake Appointment

The Intake Committee will review the materials submitted. Shortly thereafter, the school will call to set up an interview for you and your child. This interview may last about one hour. It is suggested that both parents attend this meeting.

3. Notification

The Intake Committee will meet to review the application. The school will inform parents of the Committee's decision. If your child's packet indicates that he/she would not be appropriate for a seat at Reece School, you will be notified of this in writing shortly after the material is read. If we feel we can meet your child's academic and therapeutic needs we will indicate this to you. You then need to contact us when funding is approved.

4. Funding

The Reece School offers a 12 month program and accepts publicly funded students.

*Please note: \$50.00 non-refundable processing fee must be submitted along with the application and supporting materials. *(If the application fee poses a financial problem, please inform the Executive Director as that fee may be waived.)*

ENROLLMENT APPLICATION

Date: _____

*Child's Name: _____ *Date of Birth (D.O.B.) _____

*Address: _____ *Disability on IEP: _____

*Parent/Guardian Name: _____ *Phone: _____

*Address: _____ *Cell: _____

*Email: _____

Parent/Guardian Occupation: _____ *Phone: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ Cell: _____

Email: _____

Parent/Guardian Occupation: _____ Phone: _____

Address: _____

*Siblings: _____ D.O.B.: _____

D.O.B.: _____

Other Members

Of Household: _____ Relationship: _____

Relationship: _____

Marital Status: Married _____ Separated _____ Divorced _____

Widowed _____ Other _____

*If separated or divorced, what are custodial arrangements, if any? Please attach any documentation, if necessary: _____

*Source of Referral (including self): _____

Does your child have any allergies, dietary restrictions or physical restrictions?

() no () yes (If yes, please describe.)

Hobbies and interests: _____

School work: _____

Describe your child as objectively as possible, within the framework of the following:

Relationship with friends: _____

Relationships with brothers and sisters: _____

Relationships with adults: _____

Self-Discipline: _____

Acceptance of limits: _____

Acceptance of discipline: _____

Impulse Control: _____

Self-Awareness: _____

Please list what you consider to be your child's difficulties at home and at school:

Please describe your child's strengths:

EDUCATIONAL AND THERAPEUTIC

Please list to date all schools, preschools, and camps attended. Please indicate present placement.

Name of School	Dates	Grade Level

Has your child received any intervention (speech/language, psychological counseling, psychiatric help, medications, diets) outside of school? () yes () no
If so, please describe below.

APPROXIMATE DATES

TYPES OF INTERVENTION (Include name of any medication you remember)

Please list any other hospital or clinic, private physician or psychologist, neurologist or psychiatrist to whom the applicant is known and indicate if there are any tests available.

Has your child had any accidents, operations, hospitalizations, or other illnesses? Please list below, with dates.

DEVELOPMENTAL MILESTONES

Please indicate the age at which your child mastered the following milestones:

Sat up without help _____

Crawled _____

Walked alone (10-125 steps) _____

Caught a big ball _____

Spoke first words (Mama, Dada, etc.) _____

Put words together (Daddy bye-bye, Mama home, etc.) _____

Spoke 2-3 word sentence _____

Spoke clearly so strangers understood _____

Used fingers to feed self _____

Used a spoon _____

Fully bowel trained _____

Fully bladder trained _____

Able to dress self _____

Able to tie shoelaces _____

Able to separate easily from mother (for school, play, etc.) _____

Please list any further information about your child's development that you think will be helpful for us to know.

Parent/Guardian Signature

Date