

Date

Student Information:

Full Name

Nickname

Date of Birth

Place of Birth

Nationality

Languages Spoken

Applying for Thai or English Programme

Gender Female Male Gender Neutral

Other Children in the Family
(Names and Age)

Parent/Guardian Information:

Primary Carer

Relationship to Student

Address

Address

City

Post Code

Home Phone Number

Mobile Number

Work Number

Email

Occupation

Secondary Carer

Relationship to Student

Same as Primary Carer

Address

Address

City

Post Code

Home Phone Number

Mobile Number

Work Number

Email

Occupation

Person to Contact in Case
of Emergency

Relationship to Student

Preferred Hospital in Case
of Emergency

Additional Student Information:

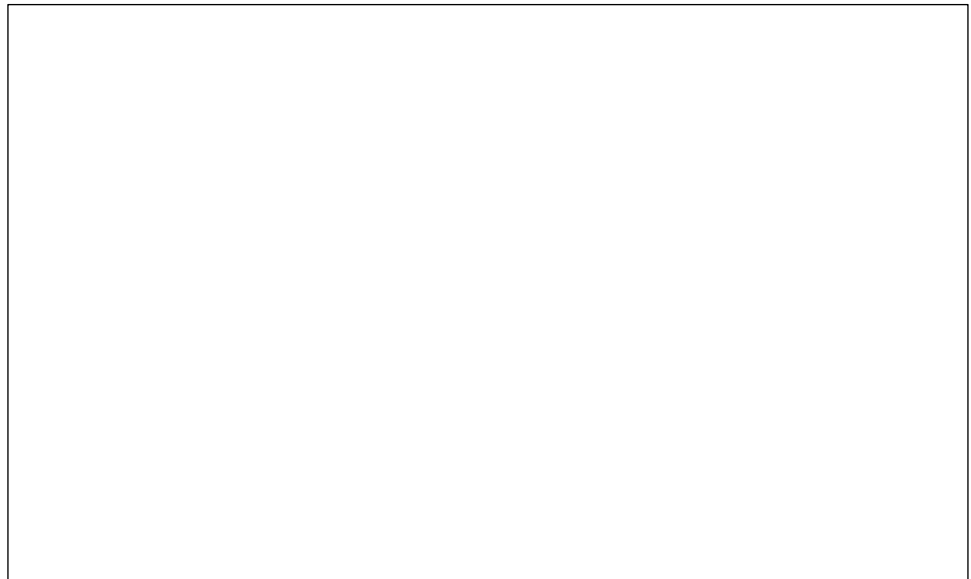
Does your child have a diagnosis? When was it made? (Please provide any reports or statements)

If your child doesn't have a diagnosis, what do you believe their needs to be and why?

Does your child take any medication? If so please give details of ALL medications and purpose (seizures, anxiety, behaviour, allergy)

Drug	Dosage	Purpose	Date Started

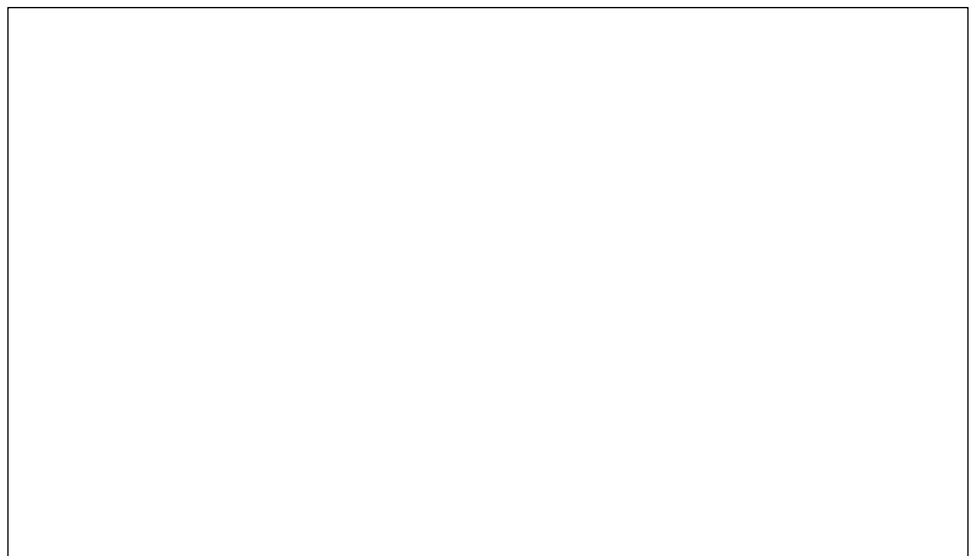
Has your child been admitted to hospital for any surgeries/prolonged stays? (Please give details)

A large, empty rectangular box with a thin black border, intended for the user to provide details regarding hospital admissions or surgeries.

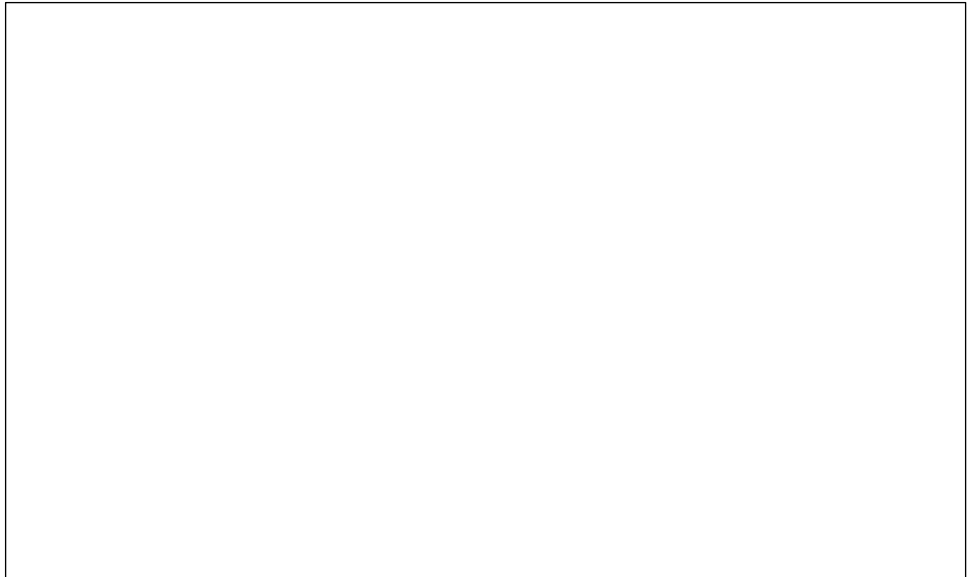
Does your child have any special dietary requirements?

A large, empty rectangular box with a thin black border, intended for the user to specify any special dietary requirements for their child.

What does your child enjoy doing? What are they good at? (academic or non academic)

A large, empty rectangular box with a thin black border, intended for the user to describe their child's interests, hobbies, and strengths.

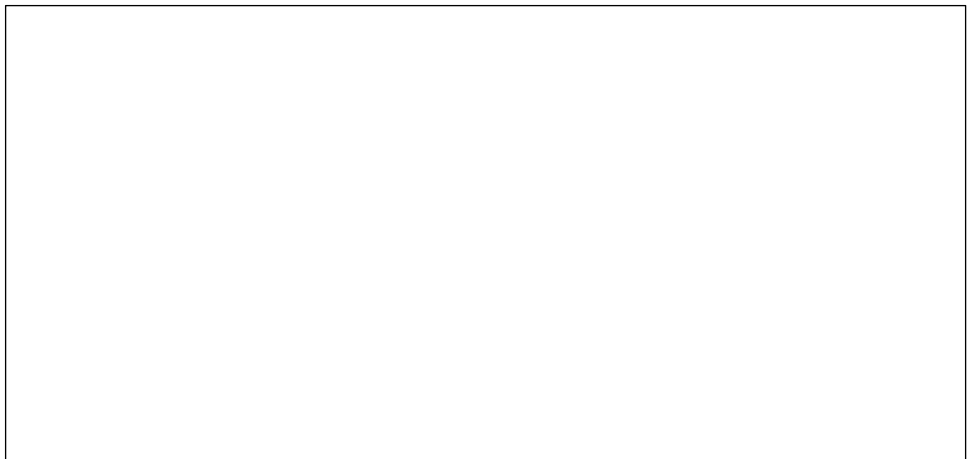
How would you describe
your child as a person?
(happy, easy going,
enthusiastic, inquisitive)



What kind of things scare
or worry your child?



Is there anything that
pleases you or makes you
proud about your child
that you can share with
us?

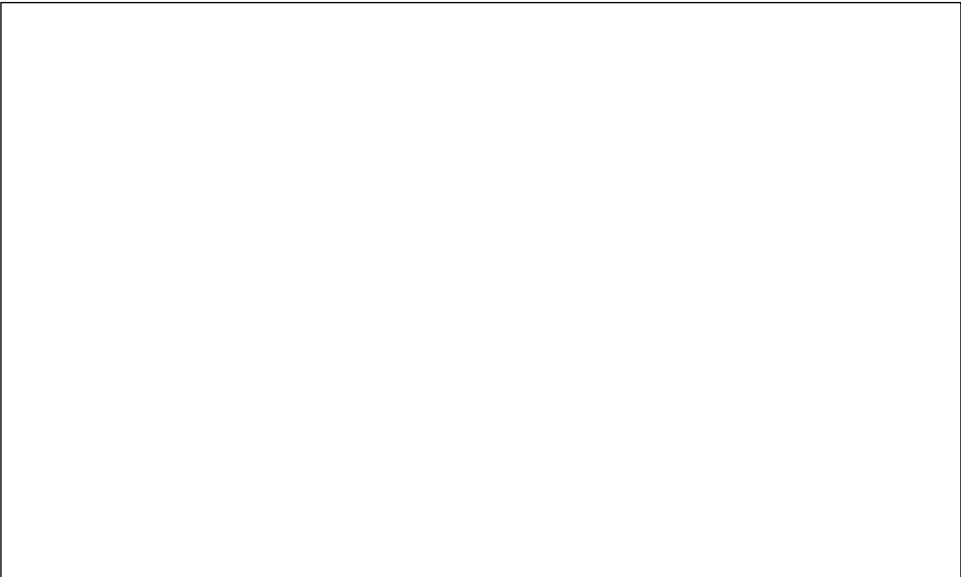


Please tick any of the following things which concern you about your child.

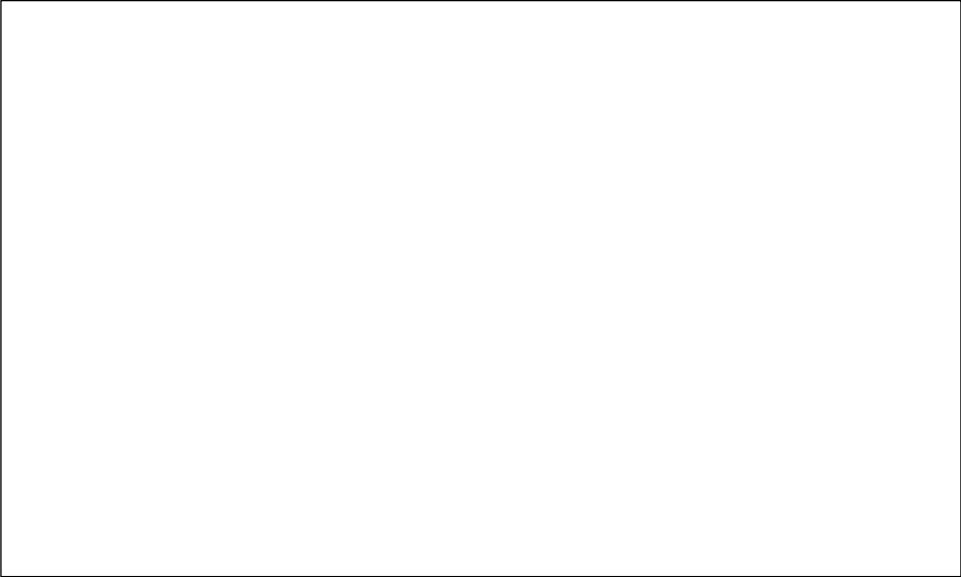
- Feeding
- Vomiting
- Violence
- Jealousy
- Selfish in sharing
- Lying
- Disobedient
- Temper tantrums
- Nightmares
- Sleep issues
- Crying or easily upset
- Clingy/Withdrawn
- Crying/Stuttering
- Crying

Any other concerns or comments?

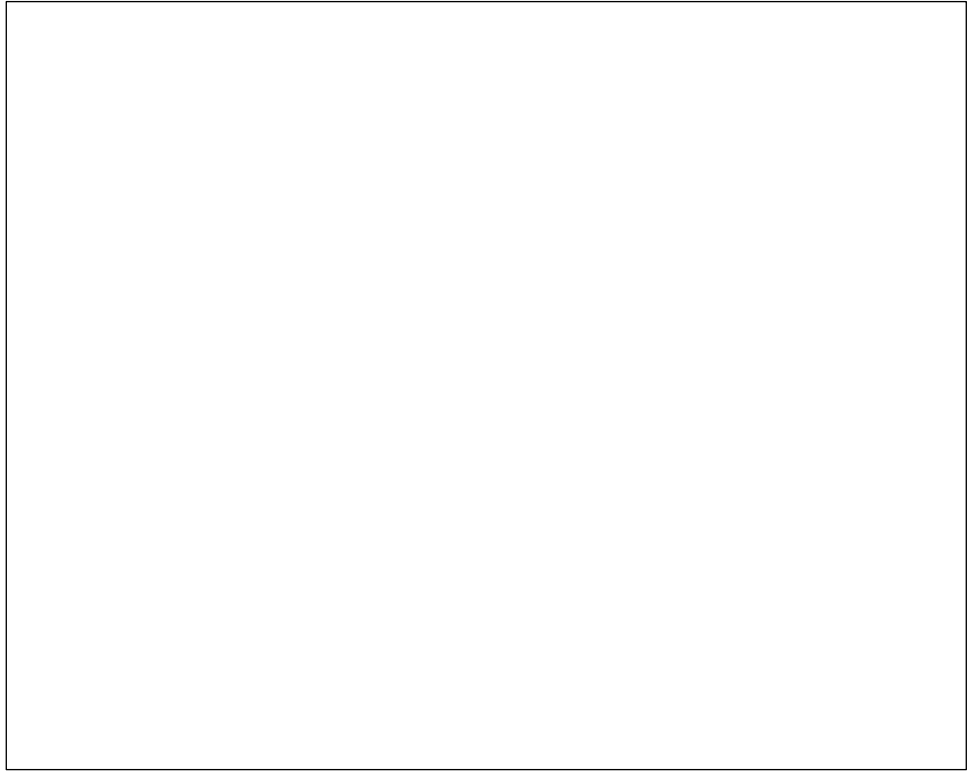
Does your child have a behaviour plan or any behaviour concerns?

A large, empty rectangular box with a thin black border, intended for the user to provide a response to the question above.

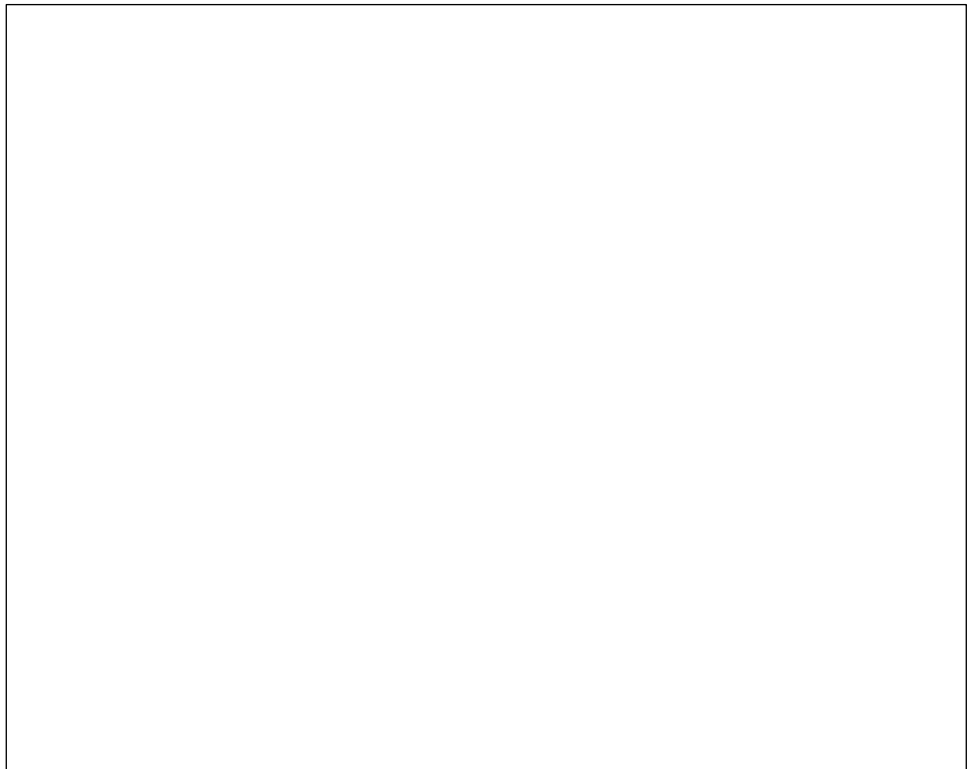
How is your child disciplined for negative behaviour and how do they respond?

A large, empty rectangular box with a thin black border, intended for the user to provide a response to the question above.

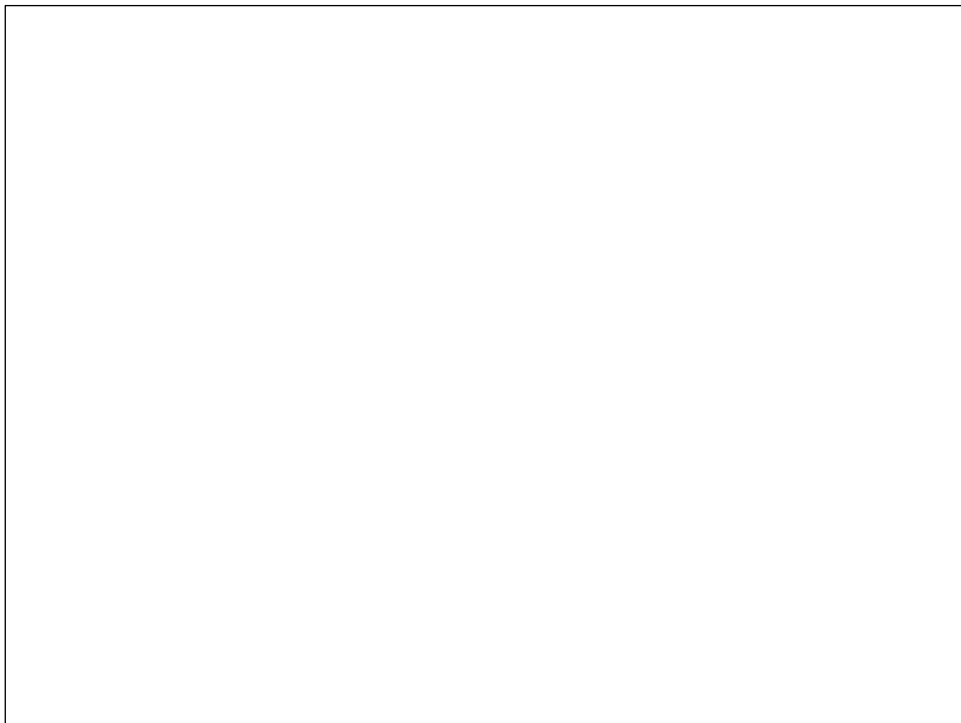
Is there any circumstance under which we would see your child be violent?
Please describe in detail.

A large, empty rectangular box with a thin black border, intended for the respondent to provide a detailed description of any circumstances under which they would see their child be violent.

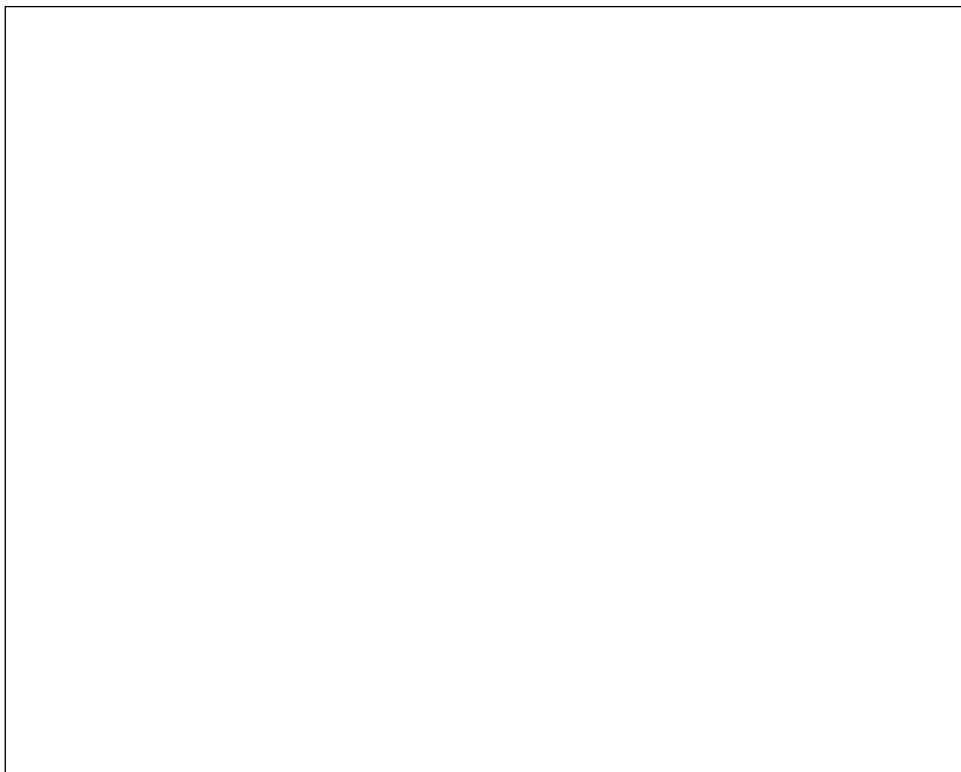
Does your child have any tics, repetitive movement patterns, fixations or self stimulatory behaviours?

A large, empty rectangular box with a thin black border, intended for the respondent to describe any tics, repetitive movement patterns, fixations, or self-stimulatory behaviours their child may have.

Describe any issues or history of difficulties around sexuality.



Describe your child's self care and toileting habits (teeth brushing, washing, getting dressed, toilet trained etc)



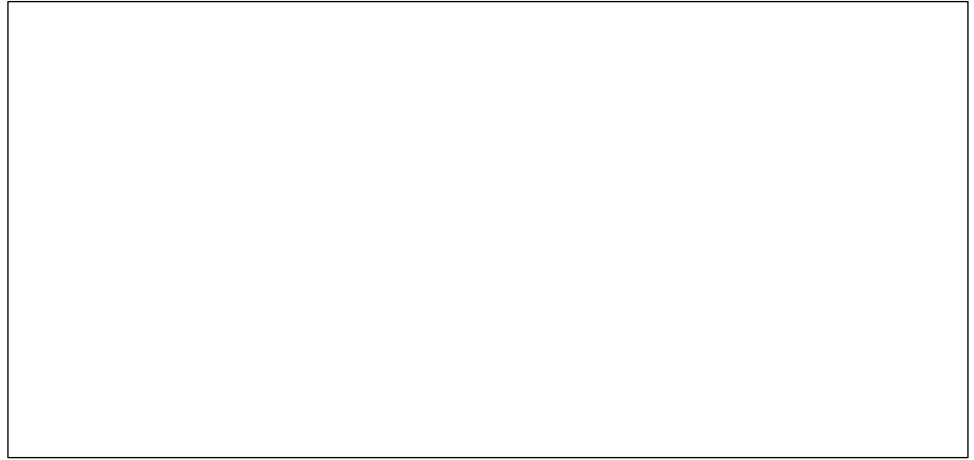
Has your child had Speech and Language Therapy/ Occupational Therapy/ Counselling/ABA/any other therapy? Please give as much information as possible. (Please provide any reports/assessments)

Would you like your child to see our Speech Therapist/Occupational Therapist/Counsellor?

How does your child communicate? Describe their communication (verbal, sign, AAC)

Have you noticed any regression in your child? (Please indicate when/ details)

What are your expectations from our programme?

A large, empty rectangular box with a thin black border, intended for the respondent to write their expectations from the programme.

What do you envisage for your child's future? What would you like them to achieve/be able to do?

A large, empty rectangular box with a thin black border, intended for the respondent to describe their vision for their child's future and what they would like them to achieve.

In the future, we plan to open a semi independent living programme, would you be interested in this?

A horizontal rectangular box with a thin black border, intended for the respondent to indicate their interest in a semi-independent living programme.

Are there any other services you would be interested in?

A horizontal rectangular box with a thin black border, intended for the respondent to list any other services they might be interested in.

Parent Declaration

In making this application I/We undertake and agree:

- That completion of this form does not guarantee an offer of a place at Steps with Theera
- To provide a copy of my/our child's most recent school report/assessment at the time of enrolment
- To pay an enrolment fee of 25,000 baht if application is successful
- To pay all due programme fees prior to the commencement of each quarter (dates provided on invoice)
- To give written notice of your child withdrawing from the programme with at least 3 months notice

Indemnity

- I/We hereby indemnify Steps with Theera and its employees against any and all claims arising from any injury to my child whilst participating in any activity, whether on Steps with Theera property, while traveling to or from Steps with Theera premises, or while on a programme visit or outing.
- I/We understand and agree that in the event of an emergency, Steps with Theera will make every effort to contact the parents or guardian. However, if this is not possible, the pupil will be taken to Sukhumvit Hospital

Please sign below:

Signature:

Print Name:

I give consent for:

- Information shared in this form to be shared with other professionals who will work with my child and/or input into their provision

Print Name:

Signature:

I give consent for:

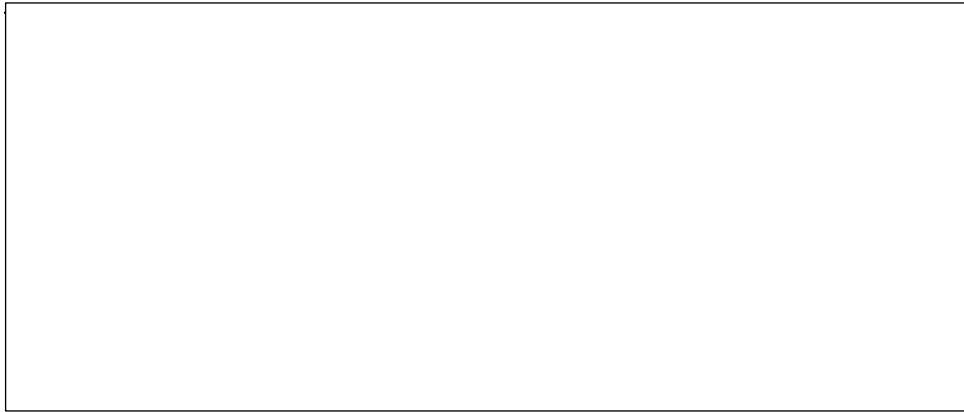
- Photos of my child to be used on our website, in magazines, in marketing materials and/or on social media

Signature:

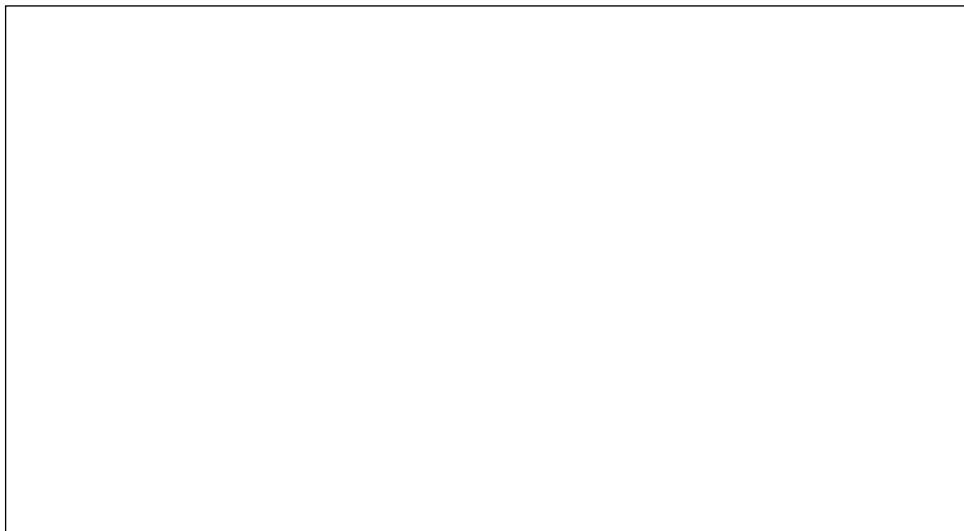
Print Name:

This section is to be completed by the student themselves (where possible)

What do you like to to
learn about? Example -
transport, nature,
dinosaurs, technology.



What do you like doing in
your free time? Example -
playing iPad, hanging out
with friends, art, football.



Do you feel like you are
ready to start working and
being more independent?



What would you dream
job be? Example -
magician, pop star,
computer game designer.



What skills do you think
you will learn working in
a coffee shop and bakery?
Example - how to make
coffee.



Do you have any special skills you think will be useful at work? Example - I am good at talking to people.

Student Declaration

I promise to follow the rules of Steps with Theera, work to my full potential and to try my best to have a positive attitude every day.

I give permission for:

- My information to be shared with the teachers and staff at Steps with Theera
- My photos to be shared on our website, in magazines, in marketing materials and/or on social media

Signature:

Print Name: