



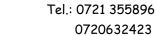
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Road Nairobi, Kenya

## **FORM A: APPLICATION INFORMATION**

(Please complete and return to the school before assessment)

1. <u>Learner Details</u>	
Name and Surname:	
Date Of Birth:	Age (years/months):
Home Language:	Sex:
Address (Home):	
Address (Postal):	
2. <u>Parents/Guardian Details</u>	
Father's Name:	
Date Of Birth:	
Marital Status:	
Address (Home):	
Address (Postal):	
Tel (Home):	
Tel (Work):	
Tel (Mobile):	
Email:	
Employer:	Occupation:





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Mother's Name:	
Marital Status:	
Address (Home):	
Address (Postal):	
Tel (Home):	
Tel (Work):	
Tel (Mobile):	
Email:	
Employer:	Occupation:
3. Alternate Emergency Contact Name:	
Tel (Home):	
Tel (Mobile):	
Email:	
4. Private Health Insurance Det	tails_
Main Member:	
Private Health Insurance Scheme:	
Private Health Insurance Number:	
Doctor:	
Tel (Mobile):	



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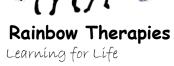
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5. <u>Family History</u>
Parents (any history of inherited disorders e.g. asthma, heart problems, learning difficulties etc):
Learner concerned (any inherited disorders e.g. asthma, heart problems, learning difficulties etc):
Siblings (any inherited disorders e.g. asthma, heart problems, learning difficulties etc):
Extended family (any inherited disorders e.g. asthma, heart problems, learning difficulties etc):
6. Obstetrical History  Did you have difficulty falling pregnant?
Did you have miscarriages before falling pregnant?
How old were you when you fell pregnant?
What was the age of the father at the beginning of pregnancy?
Was your pregnancy planned?
What was your/mother's general state of health during pregnancy e.g. viral infections, illness German Measles, stress, excessive morning sickness, haemorrhage?
Were any prescription drugs taken during your pregnancy?
Where there any blood type complications during your pregnancy?
How many weeks did your pregnancy last?

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What was the duration of your labour?
Did you have a normal or caesarean birth (if caesarean state reasons)?
7. Neonatal Period
What was the birth weight of your baby?
Were there any complications during the birth of your baby?
Did you breast feed or bottle feed your baby?
Did your baby have any feeding problems?
Were there any difficulties introducing solids?
8. <u>Milestones</u> (Please indicate approximate age of): First smile:
Held head up first time:
Sat unaided:
Stood unaided:
Crawled:
Walked unaided:
Began babbling:
First words:
Sentences:



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Understanding and response to commands:		
9. <u>Medical History</u> Has your child had any significant illnesses?		
Has your child ever been in hospital (if yes please give a brief description)?		
Has your child experienced any recurrent illnesses (e.g. ear/nose/throat infections)?		
Does your child have a history of seizures, convulsions or epilepsy?		
Is your child on any medication at present (if yes, supply reason, name and dosage)?		
Has your child had any long-term treatment or therapy e.g. occupational, speech, psychological physical, remedial?		
What immunisations has your child had?		
Does your child have any allergies?		
Does your child have any coordination difficulties?		
Does your child have any visual and/or auditory problems? (has hearing and vision been tested?)		



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Over

Dependency

10 Family Polatic	ine			
10. <u>Family Relations</u> Describe the relationships your child has with your immediate family members:				
Describe any behaviou	ural or emotional difficulties yo	ur child may have:		
If both parents are wor	king what are your child's day	care arrangements:		
	I Social Development  De your child's personality?			
How would you descril	pe your child's relationships wi	ith his/her friends and siblings	3:	
Please indicate (tick) if	your child has difficulties with	any of the following:		
Sleeplessness	Tactile Defensive	Auditory Defensive		
Oral Sensitivity	Self Stimulatory Behaviours	Easily Frightened		
Nail Biting	Tantrums	Restrictive		
		Routines		
Tic	Phobia	Need for Attention		

Behaviour

Difficulties

Any other:

AAA

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## 12. School History

Has your child ever attended a playgroup/crèche/nursery/primary school? If yes please give nam and a brief description:
Were there any particular problems experienced at any of the above-mentioned playgroup, crèche nursery or primary schools?
What do you think are your child's main areas of difficulty?
What do you think your child's areas of strength are?
13. <u>Has your child had any previous assessments</u> (if yes please describe and suppl reports where possible):
14. <u>Any additional information</u>
15. What are your goals for your child?