

Application Form 2019-2020

Dear Parents,

The Lebanese Autism Society- LAS created a new admission system for the school year 2019-2020, for the following projects:

- Classes for Children with Autism- **French Section**(CollègeSacré Coeur Gemmayzé): candidates who can benefit from academic and social integration in a regular French-speaking school.
- Classes for Children with Autism- **English Section**: candidates who can benefit from an academic and social integration in a regular English-speaking school.
- Center for Autism Intervention and Research- LASCAIR: candidates in need of a specialized structure; 3 sections are available; early intervention, specialized classes and prevocational/vocational classes.

The applications can be downloaded online or collected from the headquarters of the Lebanese Autism Society- LAS, CollègeSacré Coeur Gemmayzé, Beirut, Lebanon.

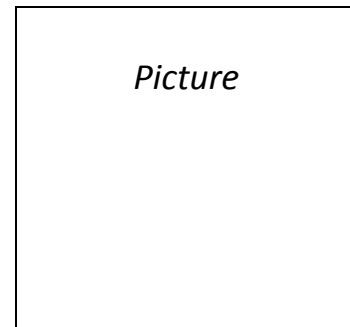
- Medical reports:
 - Child psychiatrist/child neurologist report stating the diagnosis of the child
 - Medical test reports
 - Chromosomal and genetic report
 - Copy of the immunization and vaccination card
 - Any other relevant medical report
- Therapist reports: (dated less than 6 months)
 - Speech Therapist report
 - Psychomotor Therapist report
 - Special Educator report
 - Psychological report
- Educational reports:
 - Report from the current school, nursery or center the child is attending to
- Official papers:
 - 2 passport sized photos
 - Copy of the Identity card or إخراج قيد

Admission procedure:

- An admission committee will study each application and decide upon the action plan
- Incomplete application will be disregarded
- Each application will be considered as a confidential document and only shared by members of the admission committee

Application # : _____

Date : _____



Child's Name :	Date of birth :
Father's Name :	Mother's name :
Address :	Phone number :
E-mail :	Referred by :
Language the child uses or understands:	Interested in: <input type="checkbox"/> Classes for Children with Autism- <i>French Section</i> <input type="checkbox"/> Classes for Children with Autism- <i>English Section</i> <input type="checkbox"/> Center for Autism Intervention and Research- LASCAIR
Diagnosis of the child and doctors' name and specialization	

Table 2 to be filled by LAS Administration

Action	Date	Details	Follow up
1 st contact			
Fill in the case history			
Date of Observation			
Assessment needed			
Date of Assessments			
Closure of the application			

Child's information	
Child's name	

Date of Birth	
Place of Birth	
Nationality	
Current address	
Home Phone number	
Father's information	
Father's name	
Date of Birth	
Nationality	
Profession	
Educational background	
Mobile number	
Work phone number	
E-mail	
Mother's information	
Mother's name	
Date of Birth	
Nationality	
Educational Background	
Profession	
Mobile number	
E-mail	
Brothers' and sisters' information	
Name and date of birth of siblings (brothers and sisters)	
Family Dynamics	
Consanguinity	Yes Relation:

	No					
Family members living with the child						
Caregiver of the child						
Language spoken at home Language spoken to the child						
Parents' relationship(married, divorced, separated etc..)						
Current medical Status of the child						
	Yes	No	Details			
Epilepsy						
Allergy						
Other medical conditions						
Medication			Name of Drug : Purpose : Quantity : Onset:			
Comments :						
Socio-economical status						
	1.000.000 -2.000.000	2.000.000 -3.000.000	3.500.000 -4.500.000	5.000.000 -6.000.000	6.500.000 -7.500.000	More than 8.000.000
Salaries per month (Net)						
Ministry of Social affairs card number						
Medical Insurance						
Company				Expiration date		

Family History				
Type	Yes	No	Relationship with the child	Details
Mental retardation				

Speech delay				
Motor delay				
Physical Handicap				
Mental Handicap				
Genetic Disorder				
Down Syndrome				
Epilepsy				
Other				
Comments				

Child's development			
Child's conception			
	Yes	No	Details
Natural Pregnancy			Type :
Medical problems during pregnancy (Disease/hypertension/etc....)			Type : Pregnancy month : Time : Hospitalization :
Hospitalization during pregnancy			Reason : Pregnancy month : Time :
Administration of drugs during pregnancy			Reason : Type : Quantity : Pregnancy month : Time:
Any psychological trauma to be mentioned Divorce/ death/accident/ disease in the family /war			Type : Pregnancy month : Time :
Change in the family dynamics Move/ trip/ etc...			Type : Pregnancy month : Time :
Other information			
Child's development			
Child's birth			
	Yes	No	Details
Pregnancy ended at term			Pregnancy month :

Natural delivery			Type of delivery :
Score Apgar 8/10			Score :
Any medical intervention after delivery to the child			Reason : Type : Time :
Any medical intervention after delivery to the mother			Reason : Type : Time :
Hospitalization of the mother :			Reason : Time :
Other information:			
Motor Development			
Type	Age	Comments	
Head Holding			
Sitting position			
Standing position			
Walking			
Teeth			
Hand Preference/use (right or left)			
Other information:			
Language development			
Type	Age	Comments	
Cooing			
Babbling			
Pointing			
First words			
First sentences			
Other information:			
Social Development			
Type	Age	Comments	
Smiling			
Eye contact			
Respond to name calling			
Play			
Other Information:			

Food	
Food Habit	

Other information:					
Toilet training					
Clean during the day					
Clean at night					
Other information:					
Self-help skills					
Dressing/ Undressing					
Brushing teeth					
Washing face/ body/ Bath					
Food alimentation					
Toilet					
Other information					
First Pathological signs noticed by parents (Signs/Symptoms on-set etc..)					
Medical History					
Diseases					
Type	Age	Duration	Hospitalization duration	Treatment	Comments
Accidents					
Type	Age	Duration	Hospitalization duration	Treatment	Comments

Medications

Type	Age	Reason	Duration	Off-set	Comments

Other information concerning the medical history of the child:

Medical tests(report should be attached to the application)

Type	Yes	No	Details
EEG			
IRM			
Eye exam			
Chromosomal/ genetic exam			
Audiogram or PEA			
Pediatrician report			
Neurologic report			
Psychiatric report			

Other exams or reports

Schooling

Type	Name	Address	Phone number	Time/	Reason for stopping
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				Duration	intervention

Other information

Therapies

Therapies	Therapist Name	Therapist number	Beginning of therapy	Duration /modality	Reason for stopping intervention

Other information

Assessments done

Type	Yes	No	Details
School Assessment			
Speech Assessment			
Psychomotor Assessment			
Psychological Assessment			
Educational Assessment			

Other Assessments: