



**AUTISM MINDS SCHOOL**  
A School for Autism & Beyond.

**Website:** [www.autismmindsschool.com](http://www.autismmindsschool.com)  
**Email:** [autismmindsschool@gmail.com](mailto:autismmindsschool@gmail.com)  
**Contact:** +91 6376345510

## APPLICATION FORM FOR ADMISSION\*

*\*For 4 to 9 years only. Applicant of lower age can also be considered provided parents have accepted the Autism diagnosis of their child.*

Child  
Photo

**Name:** ..... **DoB:** ..... **Age:** .....

**Gender:** ..... **Height (cm):** ..... **Weight (kg):** .....

**Diagnosis:** .....  
.....

**Father's Name:** ..... **Mother's Name:** .....

**Age:** ..... **Age:** .....

**Occupation:** ..... **Occupation:** .....

**Mobile:** ..... **Mobile:** .....

**e-mail:** ..... **e-mail:** .....

**Residence Address:** .....  
.....

**Detail of child's sibling, if any** .....

**Languages spoken at home** .....

**Signature of Parents/Guardian:**

**Father:** ..... **Mother:** ..... **Guardian:** .....

## **MEDICATIONS & SUPPLEMENTS**

Does the child have any co-occurring conditions like Epilepsy, Juvenile Diabetes etc.

.....

Is the child on any medications .....

.....

Is the child on a restrictive diet like GFCF (Gluten Free, Casein Free) .....

.....

Is the child on any supplements .....

.....

## **STRESS, ANXIETY AND MOOD**

Does the child have challenging behaviours .....

.....

Does the child have frequent meltdowns .....

.....

What are the reasons for such behaviours / meltdown .....

.....

Is the child prone to hyperactivity and faces difficulties in settling down .....

.....

How would you describe the mood of your child in general .....

.....

Is the child hypersensitive or hyposensitive to touch, smell and sound .....

.....

Does the child have trouble relaxing .....

.....

.....

.....

## CAREGIVING

Please specify the level of support the child needs

(I) High

☐

(ii) Medium

☐

(iii) Low

☐

Does the child have independent toileting skills

.....

.....

Please describe the eating ability of your child: .....

.....

.....

## SPECIAL EDUCATION PROFILE

Is the child verbal or non-verbal .....

Does the child have pre-academic skills .....

.....

Can the child hold a pencil .....

Is the child exposed to Alphabet and Numbers .....

.....

Can the child fix puzzles .....

Please specify the in-seat behavior of your child .....

.....

.....

Interest level of the child in learning material

(i) No interest

☐

(ii) Low interest

☐

(iii) Has specific interests

☐

Comprehension level of the child

(i) Can understand Y/N instructions

☐

(ii) Cannot understand Y/N instructions

☐

In terms of mobility, please specify the walking, running ability of your child

.....

.....

What is the play conduct of the child

(i) Engages in self-play

☐

(ii) Shows no interest in others

☐

(iii) Shows interest in others

☐

(iv) Shows interest in interactions with adults

☐

Any other input about the child

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Autism Minds School employs a rolling admissions process. For admission, please take a print out of this form, fill-up, scan it, and e-mail to [autismmindsschool@gmail.com](mailto:autismmindsschool@gmail.com). No fee is payable for submission of Application Form. You may ask a question through email on [autismmindsschool@gmail.com](mailto:autismmindsschool@gmail.com) or WhatsApp messages / Call on 6376345510.

Autism Minds School Coordinator will notify a date for evaluation and interactions with the child & parents. We will respond to you through e-mail and WhatsApp. The selection will take place through interactions with parents along with their child.