



# New Heights

school & learning services

## Prospective Student Application 2020-2021

Preschool/Kindergarten

Student Name _____
Year of PUF for 2020/21 _____

For Office Use Only	
Action	Signature



## **ABOUT NEW HEIGHTS**

**VISION:** A community dedicated to pioneering a bright future for individuals on the autism spectrum to live independent, confident, and purposeful lives.

**MISSION:** Preparing our kids for the community, and the community for our kids.

### **Steps in the Prospective Student Application Process**

- 1** Parents/guardians meet with the Admissions Coordinator for a tour of the school and to learn more about New Heights School & Learning Services. This meeting can be scheduled before or after submitting an application.
- 2** Complete and submit this application, all required documents, and application fee to:  

**New Heights School & Learning Services**  
**4041 Breskens Drive SW**  
**Calgary, AB T3E 7M1**
- 3** New Heights Administration will review your application package and determine if our school has the staff, supports, and services necessary for your student's future success.
- 4** The Admissions Coordinator will contact you via email regarding the status of your application. There are 3 possible outcomes:
  - Accepted – you will be contacted to set up a trial classroom experience for your student
  - Accepted – placed on our waitlist
  - Not Accepted

### **For Out of Province Applications**

The following items are required to apply:

- A permanent Alberta address
- An Alberta Health Care card

Please contact our admissions coordinator at [info@newheightscalgary.com](mailto:info@newheightscalgary.com) if you require assistance



**Checklist**

An incomplete package will result in a processing delay of your student's application. We have provided a checklist to ensure that you have all the necessary information and documents.

- A \$100.00 non-refundable application fee
- Complete all pages of this package
- Copies of your student's birth certificate or proof of citizenship
- A recent wallet size color photo of your student
- Copies of recent Psychological and/or Speech assessments
- Copy of your student's diagnosis letter
- Copies of your student's most recent Individual Program Plans
- Copies of recent therapy/intervention reports
- A copy of parent custodial agreement *(if parents are separated or divorced)*

**Who is filling out this registration?**

Name

Date (yyyy-Mon-dd)



Student Details		
First Name	Last Name	Middle Name
Preferred Name/Nickname	Date of Birth (yyyy-Mon-dd)	Age
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Alberta Student Number	
Address		
Province	City	Postal Code
Parent/Guardian Details		
Name	Relationship to Student	Primary Phone
Secondary Phone	Occupation and place of employment (optional)	
Email address		
Address <input type="checkbox"/> same as above		
Province	City	Postal Code
Parent/Guardian Details		
Name	Relationship to Student	Home Phone
Secondary Phone	Occupation and place of employment (optional)	
Email address		
Address <input type="checkbox"/> same as above		
Province	City	Postal Code



Demographic Information Continued

Family Information		
Family Status <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Couple Family <input type="checkbox"/> Blended Family <input type="checkbox"/> Skip Generation Family		
Languages spoke at home		
<b>Complete the applicable information below</b>		
Sibling Name	Gender	Age
Sibling Name	Gender	Age
Sibling Name	Gender	Age
Sibling Name	Gender	Age
Pet Name	Type of Pet	
Pet Name	Type of Pet	

Health Information

Alberta Health Care number	
Physician Name	Phone
Pediatrician Name	Phone
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	Diet restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____
Is your student on any routine medication? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	
Does your student have any health problems? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify</i> ) _____	



Government Support

Have you applied for Family Support for Children with Disabilities (FSCD)? <input type="checkbox"/> No – proceed to <i>The New Heights Community</i> section <input type="checkbox"/> Yes - complete this section		
Name of FSCD Worker	Contract Status <input type="checkbox"/> Approved <input type="checkbox"/> Under Review <input type="checkbox"/> Other ( <i>specify</i> ) _____	
<b>For Approved Contracts</b>		
Start Date of Contract ( <i>yyyy-Mon-dd</i> )	End Date of Contract ( <i>yyyy-Mon-dd</i> )	<b>Type of Services</b> <input type="checkbox"/> Specialized Services <input type="checkbox"/> Aide Support Services

The New Heights Community

<p>At New Heights we ask that each family consider contributing to our community by participating in the following tasks:</p> <ul style="list-style-type: none"><li>■ Provide 1 silent auction item (<i>at least \$100 value</i>) for the Gala fundraising event*</li><li>■ Provide one bottle of wine (<i>at least \$20 value</i>) for the Gala fundraising event*</li><li>■ Provide volunteers to cover at least 1 shift at the casino fundraiser, if held for the 2020 - 2021 school year</li></ul> <p><i>* You may approach a business to have the item(s) donated on your behalf</i></p>
<p>As our New Heights community is expanding, we are also looking to extend our reach into the greater community. We ask that you consider buying tickets to our Gala fundraiser event and bring a guest from your network to help spread the word about the great work that we do.</p> <p><input type="checkbox"/> I intend to purchase tickets to the Gala</p>
<p>At New Heights we ask that each family consider joining our volunteer email list. We have a variety of events throughout the year that thrive with volunteer participation. Examples include the Fundraising Gala, PAC's Winter Festival, etc.</p> <p>Are you interested in joining our volunteer email list to be notified of volunteer opportunities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, specify an email address _____</p>



Has your student attended other Program Unit Funded (PUF) programs?	
Program	Date (yyyy-Mon-dd)
What assessments has your student had? (remember to attach the reports)	
Agency	Date (yyyy-Mon-dd)
What therapy/intervention has your student had? (remember to attach the reports)	
Agency/Therapist	Date (yyyy-Mon-dd)



Has your student's hearing been checked? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify results</i> ) _____	
Has your student had frequent ear infections in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>details</i> ) _____	
<b>How does your student usually react to other children?</b>	
Younger children	
Same age children	
Older children	
<b>How well do the following people understand what your child says?</b>	
Strangers	
Family members	
<b>Eating Habits</b> ( <i>check all that apply</i> ) <input type="checkbox"/> Eats just about anything, foods only <input type="checkbox"/> Eats just about anything, including inedible items ( <i>e.g. soil, dryer lint</i> ) <input type="checkbox"/> Eats only a few things ( <i>list</i> ) _____ <input type="checkbox"/> Has food allergies ( <i>list</i> ) _____ <input type="checkbox"/> Is fed by an adult <input type="checkbox"/> Uses their fingers only <input type="checkbox"/> Uses utensils (spoon, fork) <input type="checkbox"/> Eats with the family <input type="checkbox"/> Eats quickly, often putting too much food in mouth <input type="checkbox"/> Eats very slowly <input type="checkbox"/> Refuses to try new foods <input type="checkbox"/> Will try just about any food <input type="checkbox"/> Gorges	
<b>Toileting</b> ( <i>check all that apply</i> ) <input type="checkbox"/> Not potty trained - child shows no interest <input type="checkbox"/> Not potty trained but child shows some interest <input type="checkbox"/> Potty trained during the day <input type="checkbox"/> Potty trained during the night <input type="checkbox"/> Using the toilet with assistance <input type="checkbox"/> Needing reminders to use the toilet <input type="checkbox"/> Using the toilet independently <input type="checkbox"/> Washing hands without reminding <input type="checkbox"/> Flushing the toilet without reminding	





**Student's dressing/undressing** (check all that apply)

- Needs help undressing
- Undresses but needs help with dressing
- Completely independent in dressing and undressing
- Dresses independently if clothes are selected by an adult
- Chooses clothes appropriate to the weather/season

**Student's sleeping habits** (check all that apply)

- Goes to bed late (after 8 pm)
- Sleeps well through the night
- Wakes up during the night
- Wakes up very early (before 6 am)
- Wakes up later (after 8 am)
- Other (specify) \_\_\_\_\_

**Is your student sensitive to any of the following?** (check all that apply)

- Loud noises (specify) \_\_\_\_\_
- Smells (specify) \_\_\_\_\_
- Textures (specify) \_\_\_\_\_
- Light (specify) \_\_\_\_\_
- Physical touch (specify) \_\_\_\_\_
- Changes in routine (specify) \_\_\_\_\_

How does your student usually respond to visitors to your home?

What are your student's greatest strengths?

What are your student's greatest challenges?



Specify your student's favourite	
Songs	
Toys	
Books	
Movies/TV shows	
Computer/Video Programs	
Characters <i>(i.e. Bob the builder)</i>	
<b>What activities does your student enjoy? (check all that apply)</b>	
<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Outside activities <i>(i.e. playground)</i>
<input type="checkbox"/> Sand and water play	<input type="checkbox"/> Computers
<input type="checkbox"/> Stories	<input type="checkbox"/> Pretend play
<input type="checkbox"/> Active games <i>(i.e. tag, chase)</i>	<input type="checkbox"/> Colouring
<input type="checkbox"/> Other <i>(specify)</i> _____	
How long does your student typically play with a single favored toy or activity?	
What activities does your student dislike? <i>(list below)</i>	



<b>Academic/Cognitive Skills</b> (check all that apply)						
check all that apply	Recognizes/understands			Names/Labels		
	Yes	Inconsistent	No	Yes	Inconsistent	No
Upper case letters						
Lower case letters						
Letter sounds						
Numbers						
Color names						
Shape names						
Days of the week						
Months of the year						
Seasons						
Names of family members						
<b>Communication and Social Skills</b> (check all that apply)						
	To express emotion		To ask for things or actions		To make comments, explain things	
Uses facial expressions						
Looks at things or people						
Points or gestures						
Makes sounds, vocalizes						
Points to or hands pictures						
Uses sign language						
Uses single words						
Uses word combinations						
Uses short sentences						
Uses long sentences						
<b>Does your child do any of the following?</b> (check all that apply)						
<input type="checkbox"/> Follow simple directions <input type="checkbox"/> Take turns <input type="checkbox"/> Start conversations with others <input type="checkbox"/> Respond appropriately to emotions in other people <input type="checkbox"/> Engage in repetitive behaviours (specify) _____			<input type="checkbox"/> Follow longer directions <input type="checkbox"/> Share with others <input type="checkbox"/> Greet others <input type="checkbox"/> 'Echo' or repeat what others say			



Fine Motor Skills	
Does your student engage in any of the following?	
<input type="checkbox"/> Colouring	<input type="checkbox"/> Cutting
<input type="checkbox"/> Drawing	<input type="checkbox"/> Gluing
<input type="checkbox"/> Stringing beads	<input type="checkbox"/> Completing puzzles
<input type="checkbox"/> Stacking blocks	<input type="checkbox"/> Other ( <i>specify</i> ) _____
Large/Gross Motor Skills	
Does your student engage in any of the following?	
<input type="checkbox"/> Walking	<input type="checkbox"/> Arm flapping
<input type="checkbox"/> Running	<input type="checkbox"/> Climbing
<input type="checkbox"/> Jumping	<input type="checkbox"/> Crawling
<input type="checkbox"/> Hopping on both feet together	<input type="checkbox"/> Catching a ball
<input type="checkbox"/> Hopping on one foot	<input type="checkbox"/> Throwing a ball
<input type="checkbox"/> Skipping	<input type="checkbox"/> Kicking a ball
<input type="checkbox"/> Spinning	<input type="checkbox"/> Other ( <i>specify</i> ) _____
What unusual things frighten your student?	
Does your student have “appropriate” fears?	
<input type="checkbox"/> Strangers	<input type="checkbox"/> Crossing the street
<input type="checkbox"/> Hot objects	<input type="checkbox"/> Heights
<input type="checkbox"/> Deep water	<input type="checkbox"/> Other ( <i>specify</i> ) _____
How does your student usually respond when they are:	
Upset	
Tired	
Hungry	
Angry	
Frightened	
Not feeling well	
<b>Does your student have tantrums?</b> If yes, what usually causes them? What techniques or strategies tend to calm your student?	



<b>In your opinion, what three areas of your student's development and learning need the most growth?</b>	
1.	
2.	
3.	
What are your expectations for your student while they are at New Heights?	
How did you hear about New Heights?	
Is there any other information you wish to share?	

<b>The following information is required by Alberta Education and can affect the funding New Heights receives for each student. Please note, your answers here will not affect the extent or quality of programming your student receives at New Heights.</b>	
Student's Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	Birth Certificate, passport, or immigration number
■ Remember to provide a photocopy of one piece of identification for your student	
Parent/Guardian Signature	Date (yyyy-Mon-dd)
Witness Signature	Date (yyyy-Mon-dd)