

The Helen Keller Institute for Deaf and Deafblind

Admission Form

General Register No. \_\_\_\_\_

I. Personal Details:

Name of student:  
Gender:  
Age at admission:  
Place of Birth:

Date of Admission:  
Date of Birth:  
Religion:

Father's Name:  
Education:  
Mother's Name:  
Education:  
Combined Annual Income:  
Tel:

Age:  
Occupation:  
Age:  
Occupation:

Address: -----  
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Guardian:  
Tel:

Occupation

Address-----  
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II. Disability:

- Description of disability:
- Cause:
- By birth or developed later:
- When detected:



### III. Birth/Medical History:

- Mother's age when child was born:
- Child's birth order
- Any history of the following during the pre-natal stage:
  - Infection
  - Diabetes
  - Epilepsy
  - Abortion
  - Other medical complications
- Nature of delivery:
  - Normal
  - Caesarian
  - Instrumental
- H/o prolonged difficult labour/premature rupture of membrane
- Duration of pregnancy:
  - full term
  - pre mature
  - post mature
- Birth cry:
  - Immediate
  - delayed
- Birth weight
- If put in an incubator, for how long:
- Any other medical treatment given at the time of birth:

### Examinations:

Whether the following tests were conducted, if yes then where and when?

- BERA:
- MRI:
- Any vision test:
- Any test for syndrome:
- Electroencephalogram (EEG):
- Any other test:

### IV. Family History:

- Any H/o disability/specific medical conditions in the family:
  - Vision Impairment:
  - Hearing Impairment:
  - Speech Delay/Any other speech related problem:
  - Epilepsy:
  - Diabetes:
  - Any other:



- H/o consanguinity
- Number and age of siblings
- Nuclear family or joint family
- Language spoken at home
- Social relationship of the child:
  - Parent – child relationship:
  - Sibling – child relationship:
  - Extended family – child relationship:

#### **V. Developmental History:**

- At what age did the child accomplish the following:
  - Head control:
  - Turning:
  - Sitting:
  - Standing:
  - Walking:
- Surgery, treatment, therapy given in the past
- Medication the child is on – if any

#### **VI. Current Level**

- How does the child communicate – (e.g. cry, gesture, movement, speech)?
- Gross Motor development:
  - Neck control – Yes / No
  - Sitting – Yes / No
  - Standing – Yes / No
  - Walking – Yes / No
  - Ascending stairs – Yes / No
  - Descending stairs – Yes / No



➤ How independent is the child in daily life?

- Toilet training:

- Eating:

- Dressing

- Washing

## VII. Child's likes dislikes and interest

Date of starting intervention:

Initial frequency of attendance:

Referred by:

Intervention by:

Date: \_\_\_\_\_

Deputy Director  
Education