



Nashoba Learning Group, Inc
10 Oak Park Drive
Bedford, MA 01730
Telephone: 781-275-2500
Facsimile: 781-275-2510

Application Form

Student's Full Name _____
Last First Middle
Gender _____ Date of Birth _____ Current age _____

Mailing Address

Parent/Guardian Full Name _____
Last First Middle

Occupation _____
Business Address _____
Home Address (if different from child) _____

Daytime Telephone _____ Evening Telephone _____
Email address _____

Parent/Guardian Full Name _____
Last First Middle

Occupation _____
Business Address _____
Home Address (if different from child) _____

Daytime Telephone _____ Evening Telephone _____
Email address _____

How can NLG best contact a parent/guardian during the day? _____

Home School District _____
Special Education Director _____
Special Education Liaison (if different) _____
Address _____

Telephone Number _____

What is the child's clinical diagnosis? _____

Who made the diagnosis? _____

When? _____

Does the child have secondary diagnosis and/or any other medical conditions?

Is child currently enrolled in a school/program? Yes _____ No _____

Name of school/program _____

Program Description _____

Does your child currently participate in a program using the principles of Applied Behavior Analysis (ABA)? Yes _____ No _____

If yes, describe (where, who supervises the program, what portion of the day)

Does the child have a home-based therapy program? Yes _____ No _____

Describe _____

Will tuition to NLG be covered by the School District, another agency, or privately? (please specify) _____

How were you referred to Nashoba Learning Group (NLG)

Comments

Signed _____ Signed _____
(parent(s) or guardian) (Special Education Director)

Date _____

Note: Please enclose current IEP, recent neuropsychological assessment, speech and language evaluation, and occupational therapy evaluation.