



NSU University School

NOVA SOUTHEASTERN UNIVERSITY



Early Childhood Admission Questionnaire

(Thank you in advance for fully completing this form.)

Child's name: _____ Phone: _____

Date of Birth: _____ Age: _____ Gender: _____

Names and ages of other children in family: _____

What is the primary language spoken in your home? _____

What other languages is your child exposed to? _____

Educational Background

At what age did your child begin attending childcare or preschool? _____

Does your child enjoy books? _____ Listening to stories? _____ Is your child reading? _____

Does your child play independently or does he/she prefer interacting with others?

Medical Background

Were there any unusual circumstances during pregnancy or birth? _____

Has your child had any serious illness or accidents? _____

Explain: _____

Did your child accomplish these developmental milestones at the recommended/appropriate age (Y/N)?

Toilet Training _____ Walking _____ First Words _____

Does your child nap? _____

Does your child take any medications on a regular basis? _____

If so, for what purpose? _____

Do you restrict your child's diet in any way? _____

List allergies: _____

Has your child and/or does your child have any problems with hearing? _____

Has your child and/or does your child have any problems with vision? _____

Has your child ever been recommended for tutoring and/or therapy for any of the following?

Physical Therapy ___ Occupational Therapy ___ Speech/Language Therapy ___

Pragmatics skills ___ Behavior ___ Academics ___

If so, please explain: _____

At present time, do you or your child's teacher have any concerns in regard to your child's development?

(i.e. speech, language, motor development, sensory input) _____

SOCIAL/EMOTIONAL DEVELOPMENT

Does your child initiate imaginative play? _____ Participate in cooperative play? _____

Does your child display self-confidence? _____ Does your child form friendships easily? _____

Does your child accept correction/redirection easily? _____ Resolve conflicts verbally? _____

Can your child feed him/herself with utensils? _____

Is your child independent with "self-help skills"? (Manipulating fasteners when dressing, washing hands, and completing self-care routines). _____

If the answer is "Yes" to any of the following questions, please explain:

Has your child had any traumatic experiences? **No/Yes** - _____

Is there anything that particularly upsets or excites your child? **No/Yes** - _____

Does your child have any fears or habits? **No/Yes** - _____

Does your child frustrate easily? **No/Yes** - _____

What are your child's favorite activities? _____

Does your child separate easily from parents? _____

Please share what you feel are your child's strengths: _____

In what areas would you like to see improvement? _____

I am considering NSU University School for my child because: _____

What other schools are you considering at this time? _____

The NSU University School encourages parents of children attending this institution who have limitations or disabilities to advise this institution so that we may assist in the evaluation of their educational needs. When appropriate, NSU University School will assist in reasonable accommodation.

Failure to respond honestly to the above questions may result in cancellation of the enrollment contract.

Nova Southeastern University practices a policy of nondiscrimination in employment and admission. We hire employees and admit students of either sex and of any race, color, non-disqualifying handicap and national or ethnic origin.

This is to acknowledge that I have authorized my child's current school to send copies of report cards and records to NSU University School.

In order for the Admissions Committee to consider my child's application for admission, I authorize NSU University School to contact schools and other sources to obtain information to support this application. I release every person and institution from any and all liability resulting from or pertaining to their furnishing records, documents, test results, and other information requested by NSU University School for the purpose of reviewing my child's application. I understand that all admission information is confidential, and that I will not seek access to recommendations, evaluations or other information used to determine my child's admission.

I understand that students are selected based on the results of the admission visit, school records, recommendations, and space availability. Applicants must be able to demonstrate average to above average academic, social, and emotional skills in order to be considered for placement in this school. I also understand that the Admissions Committee renders placement decisions after careful and thorough consideration of all data and that all placement decisions are final for the academic year under consideration.

I/We give permission for the school nurse or designated employee to administer first aid if such is needed while on NSU University Schools' campus. I/We agree to indemnify and hold harmless the NSU University School from any and all claims, actions, liabilities, damages, losses, fines, penalties, costs and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from injuries sustained by me or my child while on the NSU University School premises, except to the extent such injuries arise of the negligence or other wrongful acts or omissions of the NSU University School.

Parent/Guardian Signature: _____ Date: _____

Office of Admissions
Lower School Building
3375 S.W. 75th Avenue
Fort Lauderdale, Florida 33314
(954) 262-4506 • Fax: (954) 262-3691
Email: uschooladmissions@nova.edu