

NGOENGA SCHOOL
FOR TIBETAN CHILDREN WITH SPECIAL NEEDS
APPLICATION FORM

Basic Information:

1. Name of the Child: _____

2. Date of Birth: _____ 3. Sex: _____

4. Settlement: _____

5. Home Address: _____

Attach
3 full size photo

6. Green Book No.: _____ 7. R.C. No.: _____

8. Name of Father: _____ 9. Date of Birth: _____

10. Green Book No.: _____ 11. R.C. No.: _____

12. Name of Mother: _____ 13. Date of Birth: _____

14. Green Book No.: _____ 15. R.C. No.: _____

16. Other people living at child's home (e.g. brothers, sisters, grandparents etc) and their ages:

17. Joint income of parents/guardian: _____ per month

18. Family Occupation: _____ 19. How income is made: _____

Any other information about child's family or home circumstances: _____

19. Why have the parents applied for a place at Ngoenga School?

4. Speech:

Does the child have a problem with his/her speech? Yes / No

If yes, how much can he/she speak? some difficulty

..... great difficulty

..... not at all

What caused the problem with the child's speech?

5. Learning:

Is the child slow to learn? (Do they have mental retardation? Yes / No

If yes, please tick any of these things where the child is slow for his/her age:

School Work: A little slow Very slow Cannot do at all

Helping in the home: A little slow Very slow Cannot do at all

Playing: A little slow Very slow Cannot do at all

What caused the problem with the child's learning?

6. Schooling:

Has the child been to school? Yes / No

If the child is of school age but is not in school, please write why not:

If the child has been to school, please say where and what class:

7. Personal Care:

How much help does the child need with these things, compared with other children of his/her age?

Dressing: No help needed

..... A little help

..... A lot of help

..... Cannot do at all

c)Using Toilet: No help needed

.....A little help

..... A lot of help

.....Cannot do at all

Eating: No help needed

.....A little help

..... A lot of help

..... Cannot do at all

8. Behavior:

Does the child have any problem with behavior? Yes / No

If yes, please say what the problems are:

9. Health:

What is the child’s general state of health?

Does the child have epilepsy (fits) ? Yes / No

If yes, what are the fits like? Severe (big fits, so the child falls or is unconscious)

..... Mild (the child stays conscious)

How often does the child have fits?

Does the child take medication for epilepsy ? Yes / No

10. Medical advice:

Has the child been taken to doctors for advice or treatment? Yes / No

If yes, please say which doctor and what does the doctor said.

Has the doctor given a name for the child’s condition? Yes / No

If yes, what’s the name?

11. Other information:

If you have any other information which may help us to consider this child, please write it on the other side of this page.

Name of the person completing this Application Form:.....

Signature:.....

Name of the Settlement Officer: Signature.....

Name of the Executive Secretary: Signature.....
of the Hospital

(Note: The settlement officer and the Executive Secretary’s signatures are meant to assure us that all the information provided in the form are true to the best of their knowledge)

Please check that you have completed all parts of this form

and then send it to:

Department of Health

Gangchen Kyishong, Dharamsala 173215, Distt Kangra, H.P, India