



MIRIAM COLLEGE

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ASSESSMENT AND THERAPY HISTORY FORM Guidance Office

Name of Applicant: _____
Surname Given Name Middle Name

School year applied: _____ Grade level applied for: _____

1. When was your child assessed? _____
2. Who referred him/her for assessment? _____
3. What is your child's psychological/behavioral need based on the assessment report? (e.g. ASD, ADHD, Speech Delay, Global Developmental Delay)

4. Was your child recommended to undergo intervention/therapy? ____ Yes ____ No

5. If yes, kindly answer the succeeding questions.

a) What type of therapy did/does your child undergo? (e.g. Speech Therapy, Occupational Therapy, Psychotherapy, etc.) _____

b) What is the duration of his/her therapy? (Write inclusive days/weeks/months.)

*** Please attach a photocopy of your child's complete assessment and therapy report.**

Name of specialist / therapist: _____

Hospital / Clinic's name & address: _____

Contact number of specialist / therapist: _____

I hereby certify that all information supplied for _____, _____ (name & grade level of student) in this application is complete, true and correct.

I willingly give my consent to use the information gathered and documents submitted for Miriam College Nuvali application purposes.

_____ Name & Signature of Parent/s or Authorized Guardian	_____ Relation to the Applicant	_____ Date
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