



Center for Admissions

2544 Taft Avenue, Manila, Philippines 1004
 Tel Nos: (+63) 2 8230-5100 1801 to 1803
 Email: admissions@benilde.edu.ph
 Website: www.benilde.edu.ph
 Office Hours: Monday-Friday 8:00am-12:00nn
 & 1:30pm-5:00pm

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender Male Female

Developmental History Form

To the Applicant/Parent/Guardian:

De La Salle-College of Saint Benilde aims to provide educational opportunities for diversely-gifted learners including applicants with special education needs (SEN). The final acceptance or non-acceptance of SEN applicants are based on the merits of their application and the ability of the College to provide services for their conditions.

This Developmental History Form (DHF) is to be accomplished by any of the following duly licensed specialists: **developmental pediatrician, psychiatrist, or psychologist**. Kindly provide the assessor a plain white envelope.

As soon as the Benilde receives the DHF, the applicant will be scheduled for interview(s). There may be instances wherein a parent or guardian will be required to come for an interview. **A delay in the submission of the DHF will result to late processing and enrollment. In some instances, an applicant may even be advised to defer application for the next term.**

These procedures are within the recommended guidelines of the Commission on Higher Education and the purpose of which is to ensure that the applicant can meet the academic rigor of Benilde as well as enabling the College to provide the necessary and reasonable accommodations required for the success of the applicant.

Verification/Authorization:

I knowingly and voluntarily consent to the disclosure and processing of my personal information and sensitive personal information (medical information: special learning need, psycho-emotional condition, or physical disability) contained and/or attached to this form to De La Salle-College of Saint Benilde for purpose of assessing my college application. This information will be shared with the members of the admission's committee. I waive my right to inspection and correction of the contents of this recommendation form.

Printed Name and Signature of Applicant	Date	Printed name and Signature of Parent(s)/Guardian	Date
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To the Developmental Pediatrician, Psychiatrist, or Psychologist:

The above-named person is applying for admission to Benilde. Kindly accomplish this DHF which is an important input in assessing the readiness of the applicant and the college to serve his/her special education needs. We deeply appreciate your comprehensive report. We assure you that information shared in this document will be kept confidential and will be used for assessment and educational purposes only. You may directly respond to this form and/or attach your comprehensive report to this form.

This DHF and other attachments can be submitted to us through a sealed envelope with your signature across the flap personally or by courier care of the applicant. In some instances, you may send us directly a digital copy through our email **admissions@benilde.edu.ph** if you are unable to physically meet with the applicant for some reasons.

	Day	Month	Year	Diagnosis or Clinical Impression	
Date of Assessment				Classification System Used (DSM, ICD, etc.)	
Date of Last Visit					
Date of Next Visit					

I. Brief Developmental History

Kindly indicate the parental concern(s), updated clinical observations, major academic, developmental and psycho-social concerns and brief results of diagnostics and/or assessment tests taken within the last six months. Please discuss the applicant's strengths, challenge areas in learning, triggers to avoid, and sensory issues if any.

II. Medications and Interventions

Kindly indicate the complete list of management interventions and therapies undergone and engaged in (including the centers where these are availed) as well as medications utilized by the applicant in the last six months.

III. Recommended School Accommodations

Kindly indicate in full detail a list of your recommended educational accommodations for the applicant. In case the applicant is accepted to Benilde, this list will be helpful in serving the student's special education needs.

IV. Over-all Assessment

In your professional opinion, how would you rate the readiness and/or fitness of the applicant to study in Benilde.

- Strong Recommended Recommended Recommended With Reservation Not Recommended

Thank you for your cooperation in providing us with information.

Completed by:

_____ License Number: _____ Developmental Pediatrician Psychiatrist
Printed Name and Signature Date Completed: _____ Psychologist Others _____

Institutional Affiliation: _____

Email: _____

Contact: _____