



**Center for Admissions**  
 2544 Taft Avenue, Manila, Philippines 1004  
 Tel Nos: (+63) 2 8230-5100 1801 to 1803  
 Email: [admissions@benilde.edu.ph](mailto:admissions@benilde.edu.ph)  
 Website: [www.benilde.edu.ph](http://www.benilde.edu.ph)

(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, medical specialist doctor, or psychologist.**

As soon as the Benilde Center for Admissions 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 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/Guardian

\_\_\_\_\_  
 Date

### To the Developmental Pediatrician, Psychiatrist, Medical Specialist Doctor, 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.

You may get in touch with us via our email [admissions@benilde.edu.ph](mailto:admissions@benilde.edu.ph) if you need to provide more information.

	Day	Month	Year
Date of Assessment			
Date of Last Visit			
Date of Next Visit			

Diagnosis or Clinical Impression	
Diagnosis or Clinical Impression	

**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. For physical disability, kindly provide a brief history of the condition and other medical information like Deaf and Hard of Hearing – Audiogram Test; Blind – Visual Acuity Test; surgery, etc.

**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 to one year.

**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.

- Strongly 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     Medical Specialist Doctor

Institutional Affiliation: \_\_\_\_\_ Email: \_\_\_\_\_ Contact# : \_\_\_\_\_