



DATE OF REQUEST

# Foundational Art Program: Admission & Assessment Form

For neurodivergent teens aged 11+ exploring long-term artistic development

## ACCESSIBILITY NOTICE FOR FAMILIES

At Sense Kaleidoscopes, we believe every voice matters. To support all learning and communication styles:

- You may fill any section in writing, or
- Share your responses via voice note or video (through WhatsApp, Google Drive, or email), or
- Request a one-on-one in-person session to share your responses with our team

Please choose the format that works best for you.

## PROGRAM OVERVIEW

The Foundation Art Program is India's first autism-specific fine arts curriculum, designed to train and mentor emerging neurodivergent artists from the ground up. With a focus on structured skill-building, sensory-informed teaching, and emotional growth, this program lays the groundwork for a lifelong art practice. Backed by two academic publications and awarded the prestigious **Zairi International Award for Innovation in Higher Education** (Dubai), our curriculum is both research-driven and deeply human. Here, neurodivergent students explore drawing, design, colour theory, sculpture, and more—at their own pace, in an environment built for their unique learning styles. This is not therapy through art. This is **art, through and through**—and a powerful first step toward creative self-sufficiency.

STUDENT  
PHOTO

## STUDENT DETAILS

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Preferred Name (if any): \_\_\_\_\_

Preferred Communication Style (spoken, AAC, gestures, etc.): \_\_\_\_\_

Languages Spoken or Understood: \_\_\_\_\_

Current Educational Status: ☐ In School ☐ Home Schooling ☐ Drop Out

☐ Other (please specify) \_\_\_\_\_

Referring Person or Organisation (if any) \_\_\_\_\_

## PARENTS DETAILS IF PUPIL IS BEING BROUGHT IN BY PARENTS



FATHER'S  
PHOTO

Father's Name: \_\_\_\_\_

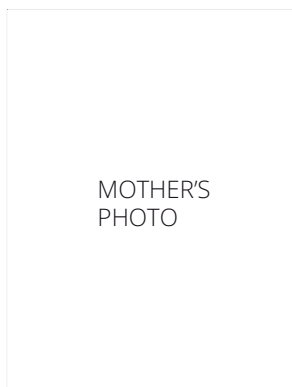
Designation & Profession: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



MOTHER'S  
PHOTO

Mother's Name: \_\_\_\_\_

Designation & Profession: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address if different: \_\_\_\_\_

\_\_\_\_\_

## GUARDIAN DETAILS

☐ IF PUPIL IS BEING BROUGHT IN BY LEGAL GUARDIAN

☐ IF GUARDIAN IS CONTACT PERSON IN CASE OF EMERGENCIES

☐ Grandparent ☐ Sibling ☐ Relative \_\_\_\_\_ ☐ Other \_\_\_\_\_



GUARDIAN'S  
PHOTO

Guardian's Name: \_\_\_\_\_

Designation and Profession: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

*You may respond in writing or through audio/video.*

## SCHOOL HISTORY & IMPACT

Briefly describe your child's experience in previous schools (academic focus, social life, challenges).

Were there any points of disruption—such as school refusal, bullying, anxiety, or dropouts?

Did the school provide any accommodations or Individualised Educational Plans (IEPs)?

How did these educational experiences affect your child emotionally or mentally?

What was the reason for seeking an alternate program now?

*You may speak freely about this section using audio, video, or schedule an in-person discussion.*

## ARTISTIC PROFILE

What forms of art does your child enjoy most?

- ☐ Drawing    ☐ Painting    ☐ Theatre    ☐ Sculpture    ☐ Cooking    ☐ Print Making    ☐ Design
- ☐ Other (please specify) \_\_\_\_\_

Have they ever participated in any creative showcases, exhibitions, or projects?

Is there a portfolio or artwork they would like to share? (Please attach or share digitally.)

How does your child express themselves through their art? What motivates them to create?

*You may speak freely about this section using audio, video, or schedule an in-person discussion.*

## PROGRAM ALIGNMENT

Why are you seeking admission into the Foundational Art Program at SK?

What kind of learning environment do you feel best suits your child's temperament and needs?

What goals do you hope this program will support—emotionally, socially, artistically, or otherwise?

Are you open to transitioning into SK's Art College or Artist-in-Residence Program in the future?

Do you see this as a long-term journey of growth, or a short-term intervention?

What kind of structure or mentorship do you feel your child needs to thrive in a group art space?

*You may answer this section in writing, voice, or video.*

## DIAGNOSIS, MENTAL HEALTH & THERAPY SUPPORT

Does your child have a confirmed diagnosis? (e.g., Autism, ADHD, Fragile X, AuDHD, Learning Disorder, GDD, PDD-NOS, etc.)

Are there any co-occurring conditions such as epilepsy, OCD, anxiety, mood challenges, etc.?

Please share any psychological/cognitive assessments, IQ reports, or therapeutic notes.

Has the child previously accessed mental health support?

- ☐ Counselling
 ☐ Psychiatry
 ☐ Occupational Therapy
 ☐ Speech Therapy
 ☐ Art Therapies
- ☐ Other (please specify) \_\_\_\_\_

If there is no formal diagnosis, how would you describe your child's learning profile or communication style?

## BEHAVIOUR & REGULATION

*(We ask these questions to design appropriate support, not to judge.)*

Please describe any behaviours that might require support (e.g., meltdowns, shutdowns, repetitive speech, elopement, aggression, risk-taking):

What are the usual triggers for these behaviours (sensory overload, transitions, demands, etc.)?

How does your child usually communicate distress or needs—verbally, physically, or through other cues?

What strategies or tools have worked for calming, regulation, or co-regulation?

How frequently do challenging behaviours occur?

- ☐ Rarely
- ☐ Occasionally
- ☐ Daily

Has there been any history of?

- ☐ Police/legal involvement
- ☐ Harm to self/others
- ☐ Use of restraints
- ☐ Hospitalisation or psychiatric intervention

If yes, please describe in detail. You may do this in writing, by voice/video, or in-person.

*All responses are treated with care and confidentiality.  
You may request an in-person session for sensitive sections.*



## FAMILY CONTEXT & SUPPORT NETWORK

Who does the child currently live with?

Are there siblings? Please share their age range and relationship with the child.

Has your child experienced any of the following that may affect emotional well-being?

- ☐ Death of a loved one
- ☐ Divorce and Separation
- ☐ Change in care-giving/home
- ☐ Trauma, Abuse or Neglect

Has the family previously engaged with special educators, parent coaches, or support groups?

What values or strengths do you feel your family brings to this journey?

*This section can also be shared via voice/video or discussed in-person with the SK team.*

## EXPECTED DOCUMENTS UPON ADMISSION

Please be informed that should your child be accepted for admission at the school, the following documents will need to be furnished for completing the admission procedure.

### Student

- Birth Certificate
- Aadhar Card
- Proof of Permanent Address
- 5 Passport Size Photographs
- Student's Bank Account Details
- Student PAN Card
- Disability Certificate UDID Card
- Diagnosis Report from a medical institution
- Recent Medical Assessment Report (DP and Psychiatrist)

### Parents

- Occupation proof for both parents
- Proof of Annual Income, if both are working
- PAN Number of parent remitting fees
- Proof of number of dependents
- Aadhar Cards of both parents
- Address proof for both parents (if different)
- 2 passport size photographs of both parents

## EXPECTED FEES AT THE TIME OF ADMISSION

Upon confirmation of admission at Sense Kaleidoscopes, the following payment will be required to complete the enrollment process:

- A **one-time, non-refundable deposit equivalent to three months' fees**
- The **first quarterly program fee (three months' fees)** payable in advance

In total, six months' worth of fees are collected at the time of admission — three months as a one-time deposit and three months as the first quarter's tuition.

Additionally, based on the individual needs of the student, families may be required to budget for the following:

- A **personal laptop or tablet** for classroom use, if recommended
- **Student access to online platforms** (e.g., Go Zen)
- **Photography, Printing or Scanning costs** for artworks printed at school
- **Admin Costs** related to applications for exhibitions, awards, publications, virtual exhibitions etc
- **Community visits and social outings** designed to build real-world learning
- **Parent training sessions** conducted by external experts, if required
- **Therapeutic or specialist services** (e.g., counselling, speech, communication) provided by external consultants when needed

At Sense Kaleidoscopes, we believe in providing a **deeply individualized** learning journey. These fees reflect the resources and expertise involved in offering a **world-class, neuro-affirmative**, and supportive environment for your child to thrive.



# Assessment Consent & Declaration Form

**For Applicants to the Artist Program (Ages 11+)**

Sense Kaleidoscopes, India's First Art College for Neurodivergent Adults

**This consent form has to be submitted for the purpose of assessment by educators, developmental paediatricians and psychiatrists in order to consider the pupil for admission to the school. Please note that the assessment is chargeable and information on if/when the assessment is to be undertaken will be communicated to you.**

Name of child: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Previous school and address, if any: \_\_\_\_\_

\_\_\_\_\_

Previous school contact, if any: \_\_\_\_\_

Has your child's educational need been discussed with you? ☐ YES ☐ NO

Has the assessment and statementing process been fully explained to you? ☐ YES ☐ NO

*I have parental responsibility for the child named above  
and I agree to the assessment being undertaken.*

Signature: \_\_\_\_\_

Name of person with parental responsibility: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

*To ensure that this request is considered as speedily as possible, please provide all necessary information. Please return this completed form to the office at Sense Kaleidoscopes.*

*For any additional questions or concerns please do not hesitate to contact us via email:*

*admin@sensekaleidoscopes.org, contact@sensekaleidoscopes.org or phone: +91 96061 85050*

## PARENT/GUARDIAN DECLARATION FOR ADMISSION REQUEST AND ASSESSMENT

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, aged \_\_\_\_\_ years, residing at \_\_\_\_\_, hereby undertake, declare, and consent to the following on this day, \_\_\_\_\_:

1) I understand that assessments must be conducted by Sense Kaleidoscopes (SK) to evaluate the suitability and eligibility of my child for admission into its educational programs.

2) I confirm that I have been informed of the purpose, scope, and nature of these assessments. I hereby give my informed consent for SK to conduct the necessary assessments. I agree to provide all relevant details requested in the admission and assessment forms, and I will furnish any additional documentation upon request.

3) I understand that submission of this application does not guarantee admission. Admission is subject to the outcome of assessments, fulfilment of all criteria, and is at the sole discretion of SK.

4) I acknowledge that initial assessments help determine if my child can be supported within SK's program framework. A complete understanding of my child may require up to three months of further observation and review after conditional admission.

5) I understand that SK reserves the right to deny or withdraw admission at any time if:

- information is falsified, misrepresented, or withheld;
- my child's needs exceed the scope of support that SK is able to offer safely and ethically;
- continued participation poses risk to the well-being of others in the program.

6) I consent to the sharing of assessment reports with internal professionals—doctors, therapists, teachers, staff, and consultants—who are directly involved in the education, therapeutic support, or capacity building of my child.

7) I also consent to anonymized data and insights from the assessments being shared with research institutions for educational, behavioral, or vocational research aimed at improving services for individuals with Autism Spectrum Disorder (ASD), provided my child's personal identity remains protected.

8) I understand that assessment reports and other documentation may be retained by SK in its secure data systems for the duration of the child's engagement with the organization and may be used to inform decisions on curriculum planning, safety protocols, therapeutic needs, and reporting to relevant authorities, if required by law.

9) I acknowledge that SK will exercise reasonable care and professional diligence during the assessment process. However, I accept that I remain fully responsible for any reckless or harmful behavior by my child that causes physical injury to others or damage to property or equipment. I undertake to bear the cost of repair, replacement, or medical treatment if such a situation arises.

10) I confirm that I have fully disclosed all known behavioral, developmental, cognitive, and medical challenges to the best of my knowledge. I understand that failure to disclose relevant history may compromise SK's ability to support my child and may affect the continuation of services.

11) I understand that if my child is admitted, SK may continue conducting periodic assessments to review and adapt the child's support plan as needed. These assessments may include classroom observations, behavioral recordings, teacher evaluations, and professional consultations.

12) I acknowledge that all information collected will be handled in accordance with the Rights of Persons with Disabilities Act (2016), the Mental Healthcare Act (2017), and any applicable data protection laws. Information will be stored securely and shared only with authorized personnel under confidentiality protocols.

13) I am aware that I may be asked to participate in review meetings, progress evaluations, and capacity-building discussions related to my child's participation in the program. I undertake to cooperate fully in these processes.

14) I understand that I may submit required information in written form or through voice/video submissions, using secure formats (Google Drive, email, WhatsApp), or request a one-on-one appointment with SK's assessment team.

15) I take full responsibility for any reckless or unsafe behaviour by my child that may cause harm to themselves, others, or damage to property. I agree to bear the cost of repairs, replacements, or treatments necessitated by such actions.

16) I will comply with all policies and procedures during the assessment process, and I acknowledge SK's right to withdraw the assessment or admission at any point if guidelines are not followed.

17) I understand that providing inaccurate, falsified, or incomplete information may result in cancellation of the admission process at any stage.

By signing below, I affirm that I have read, understood, and agreed to all terms outlined above. I further declare that all information I have provided is true, complete, and accurate to the best of my knowledge and belief.

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

PARENT'S SIGNATURE: FATHER

PARENT'S SIGNATURE: MOTHER

DATE