

# Application form for Environmentally Controlled Opportunity Classroom (ECO Classroom)

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Would you be entering this classroom on a full time basis? yes \_\_\_\_\_
2. Would you be entering this classroom on a part time basis? yes \_\_\_\_\_
3. Do you have any allergies or sensitivities? yes \_\_\_\_\_ no \_\_\_\_\_
4. Has your allergic condition been diagnosed by a physician? yes \_\_\_\_\_ no \_\_\_\_\_

5. Please check any of the following allergies that you have:

trees \_\_\_\_\_ foods \_\_\_\_\_ pollen \_\_\_\_\_  
perfume \_\_\_\_\_ carpets \_\_\_\_\_ animals \_\_\_\_\_  
medicine \_\_\_\_\_ insects \_\_\_\_\_ smoke \_\_\_\_\_  
chemicals \_\_\_\_\_ feathers \_\_\_\_\_ wool \_\_\_\_\_  
dust \_\_\_\_\_ cotton \_\_\_\_\_ mold \_\_\_\_\_  
others \_\_\_\_\_

6. If you have food allergies, please list these foods.

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7. Are you on medication for your allergies? yes \_\_\_\_\_ no \_\_\_\_\_
8. Do you carry an epi-pen? yes \_\_\_\_\_ no \_\_\_\_\_
9. Have you been diagnosed with asthma? yes \_\_\_\_\_ no \_\_\_\_\_
10. Are you on medication for your asthma? yes \_\_\_\_\_ no \_\_\_\_\_
11. If you experience any of the following symptoms, please check each one.  
runny nose \_\_\_\_\_ watering eyes \_\_\_\_\_ constantly tired \_\_\_\_\_  
sneezing \_\_\_\_\_ coughing \_\_\_\_\_ sore throats \_\_\_\_\_  
dizziness \_\_\_\_\_ itching \_\_\_\_\_ blurred vision \_\_\_\_\_  
coldness \_\_\_\_\_ headaches \_\_\_\_\_ inability to concentrate \_\_\_\_\_  
nausea \_\_\_\_\_ vomiting \_\_\_\_\_ diarrhea \_\_\_\_\_  
chest pains \_\_\_\_\_ fainting \_\_\_\_\_ difficulty breathing \_\_\_\_\_  
shakiness \_\_\_\_\_ swollen eyes \_\_\_\_\_ rash, hives \_\_\_\_\_  
irritable \_\_\_\_\_ restlessness \_\_\_\_\_

12. What do you hope an Environmentally Controlled Opportunities Classroom would provide for you?

13. Do you have any other medical conditions that would be helped by being in an ECO classroom? yes \_\_\_\_\_ no \_\_\_\_\_

Please explain.