



### STUDENT APPLICATION

“...challenging students to reach their highest academic potential while inspiring them to make a quality decision for Christ and demonstrate high morals in their lifestyle and relationships. Our school aims to foster the development of innovative thinkers who can master their cultural, social, academic and economic worlds in a changing (global) world.”

#### STUDENT DATA

**A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** is a multi-age, non-graded Christian environment. However, circle the traditional academic level for which you are applying:

1      2      3      4      5      6      7      8      9      10      11      12

Student’s Name: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full Name (Last,                      First,                      Middle)

Student’s Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex (Circle One):  Female       Male

Parent’s Social Security Number who is responsible for payments: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

National Origin:    African              African-American    Asian    Multi-racial    Caucasian    Hispanic    Other  
(This information is gathered for demographic reporting ONLY)

\_\_\_\_\_ Student’s E-mail: \_\_\_\_\_  
Street Address (Do not use P.O. Box #)    City                      State    Zip

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Home Phone Number                      Cell Number                      Alternative (Emergency Number)



**PARENT DATA**

Student's Biological Parents are (check one):    /\_\_\_/ Married and living together            /\_\_\_/ Separated/ Divorce  
/\_\_\_/ Active Military                            /\_\_\_/ Unknown to the student            /\_\_\_/ Other \_\_\_\_\_

If parents are separated/divorce, who has legal custody? \_\_\_\_\_ (Proof may be requested)

PARENT(S) WITH WHOM CHILD RESIDE(S)	PARENT(S) WITH WHOM THE CHILD DOES NOT RESIDE
(Circle One) Father/Stepfather Name: _____  Mother/Stepmother Name: _____  Home Address _____  <hr/> City _____ State _____ Zip _____  E-mail Address: _____ _____	(Circle One) Father/Stepfather Name: _____  Mother/Stepmother Name: _____  Home Address _____  <hr/> City _____ State _____ Zip _____  E-mail Address: _____ _____
Father/Stepfather's Occupation _____  Place of Employment _____  Work Phone _____ Cell _____	Father/Stepfather's Occupation _____  Place of Employment _____  Work Phone _____ Cell _____
Mother/Stepmother's Occupation _____  Place of Employment _____  Work Phone _____ Cell _____	Mother/Stepmother's Occupation _____  Place of Employment _____  Work Phone _____ Cell _____



**NOTICE OF NONDISCRIMINATION POLICY**

**A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** does not discriminate on the basis of race, sex, age, color, religion, national origin or disability in its admissions, education, employment or access to its programs and services.

**STUDENT SCHOOL EXPERIENCE AND EXTRA-CURRICULAR INTERESTS**

Applicant may use this space for any explanations not completed on the previous pages.

Check the extra-curricular activities that would be of interest to your child if offered at ASC:

- Sign Language
- Private Piano
- Private Voice
- Chorus/ Choir
- Band (Specify Instrument)

- Arts (Drawing and Sketching)
- Orchestra
- Specify:

Please share with the admissions committee your family's statement of belief about education and why you have chosen to send your child to a private school.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Child's Signature

Parent(s), your signature above affirms that the information herein is truthful and complete; that I have received, read, understood and will abide by the policies and agreements, namely, the Parents' Guardians' Statement of Support and Discipline Policies.



## PARENTS'/GUARDIANS' STATEMENT OF SUPPORT

Please read and initial your support for each of the following statements. If there is any statement that you cannot personally support, then please leave it blank and discuss it during the personal interview with the Head of School. Vital to the foundation and the success of all in the ASC/VHSA community is that we walk in covenant about the foundational premises of ASC/VHSA, and our parental expectations, and the importance of your personal commitment and support for the school.

a) \_\_\_ We have received and read the Mission Statement and Objectives of **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** and are willing to have our child(ren) educated in accordance with them.

\_\_\_ We will regularly and earnestly speak positively about and pray with our child for **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY**.

b) \_\_\_ We will fully cooperate in the educational activities of **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY**

c) \_\_\_ We will require our children to support all aspects of the curriculum.

d) \_\_\_ We will pay all of our financial obligations to **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** on or before the due date. If this is not possible we will promptly call the office, giving a reasonable explanation for the delay and stating when payments with any associated late fees will be made.

e) \_\_\_ We will accept the discipline prescribed by the school leadership in accordance with the “discipline policy” published in the Student/ Parent Handbook.

f) \_\_\_ The school will instruct our children at the appropriate academic level based on instructional data and lead coaches recommendations. I understand that this may not calculate to traditional “on-grade-level” instruction. However, I understand that my child will be rigorously challenged, without frustration and/or intimidation.

g) \_\_\_ The school reserves the right to dismiss any student when either the parents/guardians or the student does not comply with the policies and/or leadership of the school.

h) \_\_\_ We will volunteer for duties and responsibilities for **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** as opportunities arise and God provides the time and strength.

i) \_\_\_ We will be faithful to attend and participate fully in all parent functions at **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY**. These include open houses, parent teacher fellowships, parent conference requests, and fundraisers.

j) \_\_\_ Should we become dissatisfied with **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** in any way, we will seek to resolve the matter with the person(s) involved as privately and lovingly as possible, rather than spreading criticism and negativism.

k) \_\_\_ We will support and advance **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** in every area possible – spiritually, academically, physically, and financially.



## COVENANT AGREEMENT

A covenant agreement is a binding agreement between two parties. It signifies a solemn oath and sincere pledge of mutual respect and cooperation. The founder and leadership staff of **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** covenants to provide the best that they can for your children in the way of facilities, curriculum, faculty, social functions, and instruction. We, as parents, covenant to support **A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** in its efforts to provide Christian education. We (parents) agree that it is our responsibility to diligently strive to perform the "Parents Statement of Support." As a T.E.A.M. (Together Each Achieves More) we pledge to submit to one another to provide a nurturing and appropriate education for children.

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Parent/Guardian's Signature

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Parent/Guardian's Signature

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Date





**MEDICAL INFORMATION**

Is the student currently on any medications (Circle One)? YES NO

If "YES," please list medications below:

Type of Medication	Dosage	Administration Time	Purpose

Have there been any recent changes to the medication that your child is taking (Circle One)? YES NO

If "YES" Please explain:

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Has the student ever been admitted to the hospital or a treatment center (Circle One)? YES NO

If "YES," Please explain: \_\_\_\_\_

Are there any medical conditions to consider when delivering reward systems (Circle One)? YES NO

If "YES," Please explain: \_\_\_\_\_

Are there any other medical treatment interventions being used with your child (Circle One)? YES NO

If "YES," Please explain: \_\_\_\_\_

Student's primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EDUCATIONAL AND THERAPY INFORMATION**

Please check and list the services the student is currently receiving (or the last services received at a previous school):

Public School K-12 County: \_\_\_\_\_ Name of School: \_\_\_\_\_

Grade \_\_\_\_\_  Student has a current IEP

Services:  Occupation Therapy  Physical Therapy  Speech Therapy

*Students who are coming from a Georgia public school into ASC/VHSA with an Individual Education Plan (IEP) may be entitled to the Georgia Special Needs Scholarship via the Georgia Department of Education.*

Private School County: \_\_\_\_\_ Name of School: \_\_\_\_\_

Grade \_\_\_\_\_  Student has a current IEP

Services:  Occupation Therapy  Physical Therapy  Speech Therapy

Home School  Provided by School  Provided by Therapist  Provided by Parents

Early Intervention Program Services: \_\_\_\_\_

Other Therapies or Previous Services: \_\_\_\_\_

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## FUNCTIONAL BEHAVIORAL ASSESSMENT

Please list the student's behaviors that interfere with learning or make them less successful at home:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Attention Seeking Behaviors | <input type="checkbox"/> Noncompliance/ Defiance   | <input type="checkbox"/> Whine/ Cry/ Yelling    |
| <input type="checkbox"/> Physical Aggression         | <input type="checkbox"/> Self Injurious Behaviors  | <input type="checkbox"/> Property Destruction   |
| <input type="checkbox"/> Self Stimulatory Behaviors  | <input type="checkbox"/> Throwing/ Dumping Objects | <input type="checkbox"/> Elopement/Running Away |

Please describe these behaviors: \_\_\_\_\_

Please describe the frequency of these behaviors: (*How many times per day or per week?*) \_\_\_\_\_

Are there situations where the behavior is most likely to occur? \_\_\_\_\_

Are there situations where the behavior is least likely to occur? \_\_\_\_\_

How are you currently dealing with the behavior now? \_\_\_\_\_

Please answer the following questions regarding student's behaviors now?

1. Does the behavior seem to occur when the student is not receiving attention or when caregivers are giving attention to others? YES    NO    N/A	12. Is the problem less likely to occur when sensory stimulation activities are presented? YES    NO    N/A															
2. Does the problem behavior occur when the student's request for preferred items or activities are denied or taken away? YES    NO    N/A	13. Is the problem behavior "cyclical," occurring for several days and then stopping? YES    NO    N/A															
3. When the problem behavior occurs do caregivers usually try to calm down the student or involve student in preferred activity? YES    NO    N/A	14. Does the student have recurring painful conditions such as ear infections or allergies?    YES    NO    N/A Please explain _____															
4. Is the student usually well behaved when getting lots of attention or when preferred activities are made available? YES    NO    N/A	15. Is the problem behavior more likely to occur when the student is ill or not feeling well? YES    NO    N/A															
5. Does student fuss or resist when asked to perform a task or to participate in an activity? YES    NO    N/A	16. If the student is experiencing physical problems and these are treated do the behaviors usually go away? YES    NO    N/A															
6. Does the problem behavior occur when the student is asked to perform tasks or participate in activities? YES    NO    N/A	<b>Scoring Summary</b> Circle the number of each question that was answered "YES" and enter the number of items circled in the <b>'Total'</b> Column. <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Items Circled 'YES'</u></th> <th style="text-align: center;"><u>Total</u></th> <th style="text-align: left;"><u>Potential Source of R+</u></th> </tr> </thead> <tbody> <tr> <td>1    2    3    4</td> <td style="text-align: center;">_____</td> <td>Social Attention Preferred</td> </tr> <tr> <td>5    6    7    8</td> <td style="text-align: center;">_____</td> <td>Social Escape Task Activities</td> </tr> <tr> <td>9    10    11    12</td> <td style="text-align: center;">_____</td> <td>Automatic Sensory Simulation</td> </tr> <tr> <td>13    14    15    16</td> <td style="text-align: center;">_____</td> <td>Automatic Pain Alienation</td> </tr> </tbody> </table> <p><i>Questions regarding students problem behaviors are Acquired from the FAST (Functional Analysis Screening Tool) from the Florida Center on Self-Injury</i>  <b>ADAPTED FROM THE JERICHO SCHOOL</b></p>	<u>Items Circled 'YES'</u>	<u>Total</u>	<u>Potential Source of R+</u>	1    2    3    4	_____	Social Attention Preferred	5    6    7    8	_____	Social Escape Task Activities	9    10    11    12	_____	Automatic Sensory Simulation	13    14    15    16	_____	Automatic Pain Alienation
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5    6    7    8		_____	Social Escape Task Activities													
9    10    11    12		_____	Automatic Sensory Simulation													
13    14    15    16	_____	Automatic Pain Alienation														
7. If the problem behavior occurs during a task is the student usually given time away from the task in order to re-collect him/herself?    YES    NO    N/A																
8. Is the student usually well behaved when not asked to do any tasks or activities?    YES    NO    N/A																
9. Does the problem behavior occur when no one is nearby or watching?    YES    NO    N/A																
10. Does the student engage in the behaviors even when preferred leisure activities are available? YES    NO    N/A																
11. Does the behavior appear to be a form of the student providing "self stimulation"? YES    NO    N/A																





**STUDENT CODE OF CONDUCT**  
**PRIMARY/INTERMEDIATE LEVEL**  
**Grades 1-8**

**A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** is a community of individuals learning, working, playing and growing together. It is our desire that our community members (i.e. employees, students and parents) always reflect a lifestyle that represents the highest of moral and ethical values on and off campus. Further, we treasure the atmosphere of our community and are committed to maintaining a Christian climate of achievement, mutual respect and integrity. Toward that end, you are asked to read and commit to this conduct contract.

1. As parents, we agree to encourage and expect that our child always strive for excellence in both word and deed.
2. As parents, we agree to encourage and expect that our child obey valued principles taught in both speech and conduct.
3. As parents, we agree to encourage and expect our child to respect and obey those in authority at school and at all school related activities.
4. As parents, we agree to encourage and expect our child to be honest in communications and interactions with members of the school community.
5. As parents, we agree to encourage and expect our child to abide by the dress code of modesty as set by the school and as discussed in the Student-Parent Handbook.
6. As parents, we agree to encourage and expect our child to submit to the “Liberty to Learn Classroom Management System”© as discussed in the Student-Parent Handbook, parent orientation and the first days of school.
7. As parents, we agree to encourage, expect and monitor our child as (s)he commits the following personal pledge to memory for recitation:

“I, \_\_\_\_\_, pledge to conduct myself in a manner that reflects and supports the values of A School for Children. I will be honest in my communications and interactions with members of my school community. I will take immediate responsibility for my own actions. I will respect myself and my own learning. I will respect my peers and their uniqueness. I respect our school environment, its rules, and its values.”

8. As parents, we understand that our child will be held accountable by the school for their conduct and behavior, both on and off campus, at any time during the year.

As parents, we (I) have discussed this with \_\_\_\_\_, and agree to adhere to and  
(Child’s Name)  
support all policies and procedures of A School for Children.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Child’s Signature

\_\_\_\_\_  
Date



**STUDENT CODE OF CONDUCT**  
**UPPER LEVEL**  
**Grade 9-12**

**A SCHOOL FOR CHILDREN AND THE VERTICAL HIGH SCHOOL ACADEMY** is a community of individuals learning, working, playing and growing together. It is our desire that our community members (i.e. employees, students and parents) always reflect a lifestyle that represents the highest of moral and ethical values on and off campus. Further, we treasure the atmosphere of our community and are committed to maintaining a Christian climate of achievement, mutual respect and integrity. Toward that end, you are asked to read and commit to this code.

1. I agree to always strive for excellence in word and deed.
2. I agree to obey valued principles taught in both speech and conduct and to respect those in authority in the school community.
3. I agree to never abuse or misrepresent the authority entrusted to me as a possible peer leader in my school community.
4. I agree to avoid cursing, sexual immorality, witchcraft, horoscopes, tale bearing, misuse of the internet, and dissension among (between) peers and/or adults.
5. I agree to maintain modest dress, which includes wearing no clothing with worldly logos or symbols, and no gang related or hip hop paraphernalia. I agree to remove without discussion or attitude any clothing or item which is called into question by those who are in authority.
6. I understand that as a member of the A School for Children community I represent a larger community wherever I am. Therefore, I agree to avoid behavior, both on and off of campus that would dishonor my school, my place of worship, my family and me.
7. I understand that I will be held accountable by the school for any negative behavior, both on and off campus, at any time during the year.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date



## APPLICATION AND ADMISSIONS CHECKLIST

1. \_\_\_\_\_ Complete application and submit with the non-refundable \$175.00 application fee. Mail or bring these to:

Jewel J. Faison, Ph.D., Founder/ Head of School  
1120 West Broad Ave., Suite B-4  
Albany, Georgia 31707

Make checks payable to: A School for Children

\*\*\*\*Along With \*\*\*\*

2. \_\_\_\_\_ Current copy of the Individual Education Plan (IEP) or 504 Plan
3. \_\_\_\_\_ Request and (preferably, pick-up) student's transcripts and/or report cards along with copies of standardized test scores, psychological test results, behavior assessments and any other important documents which provide academic, behavioral, and learning background information. Psychological may not be over three years from the date of testing.
4. \_\_\_\_\_ Two (2) letters of recommendation. One letter must be from a leader who has knowledge about your family's commitment to training your child in moral and ethical living.  
(*Proverbs 22:6- Train up a child in the way that he should go and when he is old he will not depart from it.*)
5. \_\_\_\_\_ Copy of the applicant's social security card, birth certificate, Georgia Certificate of Immunization Form # 3231 and Georgia Certificate of Eye, Ear & Dental Exams Form #3300.
6. \_\_\_\_\_ A copy of the parents' social security number and card (COPIED) is required if you will be carrying a balance after admission. (e. g. making monthly payments, making 3 payments as specified on the fee schedule or those receiving the Georgia Special Needs Scholarship.)
7. \_\_\_\_\_ Parent[s]' and/or student's must sign and date the following forms (*for each student applying*):

Parent's and Guardian's Statement of Support Form

Parent/Student Conduct Contract Form (Appropriate for level)

\*\*\*\*You will be contacted for\*\*\*\*

8. \_\_\_\_\_ An interview for student candidates and their parents.

**Note: Full admission decisions can only be made when every step is complete and required initial fees are paid.**



## STUDENT LEARNING LEVEL ASSESSMENT

Please complete the following assessment of your child's current learning level. Please circle the number that best describes your child's current level for that area. You may also provide additional comments in the space provided.

### 1. Cooperation in Instruction:

1. Always avoids work and is uncooperative with adults
  2. Will look at reinforcing or common items when presented
  3. Will allow reinforcing items to be removed
  4. Will do 1 brief response for powerful reinforcement
  5. Has multiple items or activities that act as reinforcement
  6. Can engage in 5 responses without escape behaviors
  7. Can work for 1 minute without escape behaviors
  8. Can work for 5 minutes without escape behaviors
  9. Can work for 10 minutes without escape behaviors
  10. Task completion serves as reinforcement for work
- comments: \_\_\_\_\_

### 3. Imitation Skills:

1. No imitation of others' motor movements
  2. Motor imitation using objects such as a car or other toy
  3. Motor imitation of gross motor movements
  4. Motor imitation of arm and hand movements
  5. Motor imitation of foot and leg movements
  6. Motor imitation of head movements
  7. Motor imitation of mouth or tongue movements
  8. Imitates the speed of a motor movement
  9. Motor imitation of fine motor movements
  10. Imitation of a sequence of actions
- comments: \_\_\_\_\_

### 5. Requesting for Items or Activities:

1. Only engages in inappropriate behavior to indicate needs
  2. Will pull, drag or point to indicate desired items or activities
  3. Can appropriately request for 2-3 items with many prompts
  4. Can request for many items or activities with prompts
  5. Readily and reliably request when asked *what do you want*
  6. Spontaneously request for many items with one word
  7. Requests for many items/activities with 2-3 word phrase
  8. Often request for items/activities using a full sentence
  9. Request for information using Who, What, Where etc.
  10. Request using adjectives, prepositions, pronouns etc.
- comments: \_\_\_\_\_

### 7. Responding Conversationally:

1. Cannot fill-in words from simple songs or phrases
  2. Can fill-in a few words from simple songs or phrases
  3. Answers some simple questions about self; name, age etc.
  4. Can fill-in items when told it's features or functions
  5. Can state the class of items like furniture, food etc.
  6. Can answer some questions like Who, What, Where etc.
  7. Answers Can, Do, Does, Will questions with Yes and No
  8. Can answer some questions about future or past events
  9. Can answer many academic questions
  10. Maintains a conversation with adults
- comments: \_\_\_\_\_

### 9. Academic Skills:

1. Cannot identify any letters or numbers
  2. Can identify some letters
  3. Can identify some numbers
  4. Can write some approximation of letters and/or numbers
  5. Can identify all letters
  6. Can identify all numbers 1-20
  7. Can identify some sounds of some letters
  8. Can read some simple words
  9. Can spell some simple words
  10. Can read fluently, spell words and add some numbers
- comments: \_\_\_\_\_

### 2. Receptive Language:

1. Shows little to no receptive understanding of others
  2. Is selective in receptive compliance to others
  3. Will follow instruction to do reinforcing activity
  4. Will follow instruction to do simple action (Sit down, etc.)
  5. Follows instruction related to daily activities
  6. Will receptively identify items by pointing to them
  7. Will receptively identify items from an array of items
  8. Receptively identifies body parts
  9. Can select items when told the feature, function or class
  10. Follows a multiple component sequence of instruction
- comments: \_\_\_\_\_

### 4. Vocal Response:

1. Makes little to no vocal sounds
  2. Makes just a few speech sounds
  3. Will sometimes say an approximation of a couple of words
  4. Can imitate some basic sounds reliability when requested
  5. Can imitate consonant or vowel blends when requested
  6. Imitates some approximation of words when requested
  7. Can imitate any word clearly when requested
  8. Can imitate 2-word combinations when requested
  9. Can imitate any phrase when requested
  10. Can imitate varying intonations and prosody
- comments: \_\_\_\_\_

### 6. Labeling Items or Properties:

1. Cannot label items using a sign or a vocal response
  2. Can label some reinforcing items
  3. Can label some common items
  4. Can label some people
  5. Can label some actions
  6. Can label some colors or other adjectives
  7. Can label some body parts
  8. Can label some items using yes and no
  9. Can label items, events and properties using a sentence
  10. Can label emotions of self and others
- comments: \_\_\_\_\_

### 8. Social Interactions:

1. Makes little to no attempt to interact with others
  2. Is appropriate when near siblings or peers
  3. Shows interest in the behaviors of others
  4. Approaches and attempts to interact with others
  5. Will make good eye contact only with some people
  6. Makes good eye contact sometimes with adults and peers
  7. Will reliably return greeting to others
  8. Will reliably initiate greeting to others
  9. Will give up items or wait turn only with adults
  10. Will take turns and give items when interacting with peers
- comments: \_\_\_\_\_

### 10. Independent Functioning Skills:

1. Is not toilet trained and is in diapers
  2. Needs assistance in dressing and grooming
  3. Needs assistance in feeding self
  4. Can eat some finger foods by self
  5. Can use spoon and/or fork with some assistance
  6. Can independently feed self
  7. Can stay dry if taken on a schedule to the toilet
  8. Can spontaneously request to use the toilet
  9. Can independently use the restroom
  10. Can independently dress and groom self
- comments: \_\_\_\_\_



## STUDENT NARRATIVE

Please provide some background information about student and his/her current functioning, cooperation, learning level, educational development, social development, and ability to communicate with others. Please include the student's strengths along with his/her deficit areas.

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## EXPECTATIONS

Please provide some of your expectations for your child for his/her growth and development. Specifically state whether these expectations are social, academic, and psychological or any combination of the aforementioned areas.

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## SUPPLEMENTAL INFORMATION

Please provide additional information enclosed or attached to this Enrollment Package.

- Students current or most recent Individual Education Plan
- Other Psychological or Educational Evaluations
- Other applicable Medical Evaluations
- Video: If possible please provide a video of student at home, in his educational environment or participating in other relevant therapies. It would be best to see the student engaging in language or other skills areas. Don't be afraid to capture some of the student's problem behavior that he/she may engage in. Please provide this video in a VHS or VHS-C format.