

LEARNING CENTER APPLICATION

The Learning Center at St. Vincent Pallotti High School Strives to accommodate the needs of students who have been diagnosed with a mild to moderate learning disability and/or ADHD. If you are interested in applying to The Learning Center, please fill out the following application and submit it to Mrs. Kelly Hawse, Director of Admissions by December 15, 2009.

Please note that an interview with the Director of the Learning Center, Diane Kime, will be required of all applicants. Qualified applicants will be called to schedule their interview for the month of January or February.

Student Last Name _____ First _____ Middle Name _____

Birthdate _____ Current Grade _____ Grade Applying For _____

Address _____

Home Phone _____ Current School _____

Diagnosed Disability _____

Date of first diagnosis: _____

Dates of most recent testing (must be within last three years): _____

Names of tests administered: _____

Names of doctor(s)/examiner(s): _____

Qualifications of
doctor(s)/examiner(s): _____

List current accommodations used in school and on standardized tests: _____

Psychological Assessment: ____ WISC IV ____ WJIII Testing Date _____

Psychological Assessment Standard Scores (SS)

Full Scale IQ _____

Verbal IQ _____

Performance IQ _____

Perceptual Reasoning _____

Verbal Reasoning _____

Academic Assessment Testing Date _____

Academic Assessment Scores

Broad Reading _____

Broad Math _____

Broad Written Language _____

Broad Knowledge/Academic Knowledge _____

Total Achievement _____

Is your child diagnosed with ADD/ADHD? _____ Does your child take medication? _____

If so, name and dosage of medication: _____

Types of accommodations seeking (check all that apply)

Extended time

Reduced written work

Write answers on test/quiz (not scantrons)

Seated in front row

Scribe (someone to write word for word what student dictates)

Use of a word processor or grammar & spelling don't count

Extra Breaks

Large Print

Reader

Use of a calculator

Copies of notes

Formulas for math & science assessments provided

I understand that if accepted I will keep my child's testing current (never more than 3 years old) or I may be dismissed from the program.

Signature of Parent or Guardian _____ Date _____



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