TKA Discovery Services _____

1015 S. Ebenezer Road Florence, SC 29501

Phone 843. 661.7464 Fax 843. 661.7647

The King's Academy Discovery Program
New Student
School Year _____

Name of Student _____ Date_____

Birth date _____ Age _____ Grade (application year)_____ Gender M / F

Father _____ Occupation _____ Work Phone _____

Email_____ Cell Phone_____

Mother _____ Occupation _____ Work Phone _____

Email_____ Cell Phone_____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Referred by _____

If TKA Discovery Program is full the child's name will be placed on the waiting list.

FAMILY HISTORY

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Child is living with:

__biological father __stepfather __biological mother __stepmother

__adopted father __adopted mother __ grandfather __ grandmother

__legal guardian other:_____

Since the child's birth there has been:	Reaction of child:
__ death in the family	_____
__ separation	_____
__ divorce	_____
__ remarriage of mother	_____
__ remarriage of father	_____
__ other major trauma	_____

Other children in the family:

Name	Age	Grade	Present School
_____	___	____	_____
_____	___	____	_____
_____	___	____	_____
_____	___	____	_____

Is there a history of learning difficulties in your family? ___Yes __No

If yes, please explain_____

_____

Briefly describe the child's relationship with you, adults, and other members of the family:

_____

_____

_____

_____

Name of the church your family attends _____

SOCIAL/BEHAVIOR HISTORY

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Check where applicable:

__independent __lacks common sense __stubborn __dependent

__anxious __easily distracted __aggressive __complains about school

__dishonest __overly fearful __withdrawn __overly sensitive

__shy __enjoys school __moody __self-centered

__ passive __make friends easily __confident __easily frustrated

__ prefers playing with older children __ prefers playing with younger children

Explain items checked:

_____

_____

_____

MEDICAL/DEVELOPMENT HISTORY

Child was: ___full term __ premature

State any complications that occurred during pregnancy (e.g., toxemia, diabetes, etc.)

_____

_____

State any complications the child had immediately after birth (e.g. difficulty breathing, blue color, etc.)

_____

_____

_

Check where applicable:

__recent physical exam date/results _____
__recent eye exam date/results _____
__recent hearing exam date/results _____
__recent speech evaluation date/results _____

Check any problems in infancy or childhood with:

__colic __talking __crawling __walking/running
__sleeping __bedwetting __eating __general slow development

Child: (check where applicable)

__needs glasses __wears glasses __has/had frequent ear infection
__has allergies/asthma __has/had high fevers __has/had hearing difficulties
__had seizures, convulsions, or staring spells __ experienced injury/accident to head

Explain items checked:

_____

_____

_____

Child has been tested before: __Yes __ No Date: _____

Type of testing: _____ Location: _____

Diagnosis: __ADHD __Learning Disability __Anxiety/Depression __Spectrum

Other:_____

Is the child currently on medication? Y / N

EDUCATIONAL HISTORY

List all schools previously attended (preschool to present):

School	Grades	Reason for Change
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child writes with:

__right hand __left hand __uses both hands __mirror writer

Pertinent information:

Y / N - repeated grade(s); if so, grade(s) repeated _____

Y / N - receives/received speech/language; if so, subjects(s) & dates _____

Y / N - enrolled in a physical/occupational; if so, describe & dates _____

Y / N - receives/received counseling services & dates _____

Y / N - receives/received special class & dates _____

Y / N - receives/received tutoring services, if so, type & dates _____

Y / N – receives/received other services/therapy & dates _____

State child's best and worst subject: Best _____ Worst _____

Additional comments or information regarding child's schooling:

_____

_____

State the area(s) in which you feel the child needs help:

_____

_____

Is there any additional information you would like to personally share?

_____

_____

PERMISSION FOR TESTING

We give permission to The King's Academy Discovery Program to test:

Student: _____

Signature(s): _____

Date: _____

ADDITIONAL PERMISSION TO:

1. Allow the student's TKA Discovery therapist to disclose any pertinent diagnostic information from the most recent psycho-educational or pertinent testing report(s) to teacher(s) and other significate personnel (nurse, coach, etc.).

   Signature: _____

2. Allow teacher(s) and other significate personnel (nurse, coach, etc.) to review with an Educational Therapist the most recent psycho-educational or pertinent testing report(s).

   Signature: _____

2. Allow the child's Educational Therapy session to be observed/recorded for the purpose of evaluation and/or training of therapists/teachers.

   Signature: _____

3. Allow the child's picture to be used on a brochure, display, or website for the purpose of providing information about the TKA Discovery Program.

   Signature: _____

4. Allow the child's Educational Therapy session to be observed by a prospective parent/employee for the purpose of answering questions about the nature of Educational Therapy.

   Signature: _____

The King's Academy Discovery Program
Educational Therapy Agreement

TKA Discovery Services: _____
_____
_____

We, the parents of_____, agree to have him/her placed in individualized Educational Therapy. We understand and agree to the following conditions:

PHILOSOPHY

- Educational Therapy is a long-term process, usually involving several years of work. Most students require a minimum of three years to produce measurable and sustainable gains.
- Educational Therapy-2 is an abbreviated form of Educational Therapy. The student will have two 45-minute sessions per week. Consequently, the time required for measurable gains may be extended.
- Educational Therapy does not seek to improve academic areas directly as tutoring does, but instead focuses on improvement of an individual's area of difficulty in perceptual and cognitive functioning. It affords appropriate classroom accommodations and modifications while deficits are targeted in Educational Therapy.
- Parental involvement and student cooperation are keys to the success of the program. Diligence and regularity in completion of homework, including Rhythmic Writing, are essential for progress. Students will receive a grade which is included in the calculation for Honor Roll, GPA, National Honor Society, or other grade-based decisions.
- Any questions regarding Educational Therapy should be directed to the Educational Therapist while all questions pertaining to the regular classroom should be directed to the classroom teacher(s).

SERVICES

Period of agreement: _____ school year.
Educational Therapy students will receive 120 minutes or 80 minutes of Educational Therapy weekly. The student will leave the regular classroom for TKA Discovery therapy.
AMP only students will receive oversight, of accommodations being received, by an Educational Therapist.

FINANCES

Enrollment Fee	$ 250.00 per year
Educational Therapy Tuition	$7,100.00 per year, paid in 10 installments of $710.00
Educational Therapy Plus (+80 min. per wk.)	$3,450.00 per year, paid in 10 installments of $345.00
Educational Therapy-2/FIE Tuition	$4,900.00 per year, paid in 10 installments of $490.00
AMP Only	$ 500.00 per year
Rhythmic Writing Supervision	$ 15.00 per session
TKA Discovery Only Application Fee	$ 150.00 one-time fee
TKA Discovery Only Registration Fee	$ 375.00 per year

*Registration is by semester. If the student withdraws before the end of the semester, the fee will be incurred for the whole semester.
Tuition and fees for Educational Therapy are in addition to The King's Academy tuition and fees. Payments due the 1st of the month, Aug.-May.

PARENTAL EXPECTATIONS-Please Initial (not applicable for AMP Only)

_____Attend the initial six sessions to become acquainted with the Educational Therapy process and one session per month.
_____Attend all parent meetings.
_____Supervision of Rhythmic Writing at home on non-therapy days and supervision of other assigned homework.
_____Purchase of a chalkboard (3'x5'), chalk, chalk holder, eraser, and replacement of damaged or lost TKA Discovery materials.

ABSENCES

Educational Therapist absences will be made up. Student absences will be made up if schedules permit.

EVALUATION

An evaluation, including testing, will be done in the spring. A conference will be held with parents (and student if appropriate). This agreement will be renewable at that time, subject to approval of both parties, for another school year. We acknowledge that we understand the above information and consent to the terms stated in this agreement.

Signature_____

Date _____