

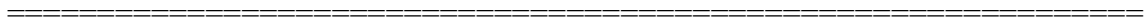


The King's Academy Discovery Program
New Student
School Year _____

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



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:

| | |
|---|-------|
| <input type="checkbox"/> death in the family | _____ |
| <input type="checkbox"/> separation | _____ |
| <input type="checkbox"/> divorce | _____ |
| <input type="checkbox"/> remarriage of mother | _____ |
| <input type="checkbox"/> remarriage of father | _____ |
| <input type="checkbox"/> other major trauma | _____ |

Other children in the family:

| Name | Age | Grade | Present School |
|-------|-----|-------|----------------|
| _____ | ___ | ___ | _____ |
| _____ | ___ | ___ | _____ |
| _____ | ___ | ___ | _____ |
| _____ | ___ | ___ | _____ |

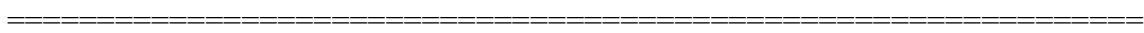
Is there a history of learning difficulties in your family? ___ Yes ___ No

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



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- dishonest overly fearful withdrawn overly sensitive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:

| | | |
|---|--------------|-------|
| <input type="checkbox"/> recent physical exam | date/results | _____ |
| <input type="checkbox"/> recent eye exam | date/results | _____ |
| <input type="checkbox"/> recent hearing exam | date/results | _____ |
| <input type="checkbox"/> recent speech evaluation | date/results | _____ |

Check any problems in infancy or childhood with:

| | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> colic | <input type="checkbox"/> talking | <input type="checkbox"/> crawling | <input type="checkbox"/> walking/running |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> bedwetting | <input type="checkbox"/> eating | <input type="checkbox"/> general slow development |

Child: (check where applicable)

| | | |
|---|--|---|
| <input type="checkbox"/> needs glasses | <input type="checkbox"/> wears glasses | <input type="checkbox"/> has/had frequent ear infection |
| <input type="checkbox"/> has allergies/asthma | <input type="checkbox"/> has/had high fevers | <input type="checkbox"/> has/had hearing difficulties |
| <input type="checkbox"/> had seizures, convulsions, or staring spells | <input type="checkbox"/> 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, subject(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 significant personnel (nurse, coach, etc.).

Signature: _____

2. Allow teacher(s) and other significant 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 | \$4,370.00 per year, paid in 10 installments of \$437.00 |
| AMP Only | \$ 250.00 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 _____