



**The King's Academy Discovery Program**  
**Teach Application**  
**School Year \_\_\_\_\_**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Gender M \ F \_\_\_\_\_ Grade (application year) \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

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

**Family History**

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Child is living with:

\_\_\_ biological father \_\_\_ step-father \_\_\_ adopted father \_\_\_ grandfather

\_\_\_ biological mother \_\_\_ step-mother \_\_\_ adopted mother \_\_\_ grandmother

\_\_\_ legal guardian \_\_\_ other: \_\_\_\_\_

Since the child's birth there has been:

\_\_\_ death in the family \_\_\_ remarriage of mother

\_\_\_ separation \_\_\_ remarriage of father

\_\_\_ divorce \_\_\_ other trauma

Reaction of child:

\_\_\_\_\_

\_\_\_\_\_

I (We) Give PERMISSION TO:

1. Allow the child's Teach session to be recorded for the purpose of evaluation and/or training of TKA Discovery therapists.

Signature: \_\_\_\_\_

2. Allow the child's picture to be used on a brochure, display, or web site for the purpose of providing information about the Search and Teach program.

Signature: \_\_\_\_\_

3. Allow the child's session to be observed by a prospective parent for the purpose of answering questions about the nature of Search and Teach.

Signature: \_\_\_\_\_

# The King's Academy Discovery Program Teach Agreement

We, the parents of \_\_\_\_\_, agree to have him/her placed in Teach. We understand and agree to the following conditions:

## PHILOSOPHY

- Teach is a series of learning tasks which specially target and strengthen any weak skills that the Search scan reveals.
- Teach is a long-term process, usually involving two and a half years of work. Most students require a minimum of two years to complete all required tasks.
- Teach does not seek to improve academic areas directly, as tutoring does, but instead focuses on improvement of a individual's areas of difficulty in perceptual and cognitive functioning.
- Parents of students who are enrolled in the Teach Program are encouraged to take an active role.
- Any questions regarding Teach should be directed to the TKA Discovery therapist while all questions pertaining to the regular classroom should be directed to the classroom teacher.

## SERVICES

Period of agreement: \_\_\_\_\_ school year. The student will receive 90 minutes (usually three 30-minutes sessions) of Teach weekly. The student will leave their regular classroom for sessions.

## FINANCES

Teach Enrollment Fee:	\$ 150.00 per year
Teach Tuition:	\$3,000.00 per year, paid in 10 installments of \$300.00
Teach Plus (+30 min. per wk.)	\$1,050.00 per year, paid in 10 installments of \$105.00 (additional 30 minutes per week)
TKA Discovery Only Application Fee	\$150.00 one-time fee
TKA Discovery Only Registration Fee	\$190.00 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 Teach are in addition to The King's Academy tuition and fees. Payments due the 1<sup>st</sup> of the month, Aug.-May.

## PARENT INVOLVEMENT

Attend parent meetings.

Attend a minimum of one session in the Fall, and one session in the Spring.

A list of ideas and activities will be provided to the parent so perceptual skills may be strengthened outside of the school setting while the child is at home or in the car.

## ABSENCES

TKA Discovery therapist absences will be made up. Other absences will be made up when schedules permit.

## EVALUATIONS

Regular reports of the student's progress will be made four times a year. An evaluation, including formal and informal testing will be done in the spring for the students who have a current testing report. A full psycho-educational evaluation will be recommended for students who are near the completion of the Teach program. A conference will be held with parents each year to review the student's progress. This agreement will be renewable at that time, subject to approval of both parties, for another year. We understand the above information and consent to the terms stated in this agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_