UPPER SCHOOL LEARNING LAB ENROLLMENT APPLICATION

Student_________________________________________ Date ____________________

Age____ Birthday_______ Current Grade:_____________ Grade Entered TCA________

Other schools attended____________________________________________________________________________________

Parent’s names________________________________________________________________________________________

Phone: Dad work:____________________ Dad Cell:___________________________________________________________

Mom work:____________________ Mom Cell:______________________________________________________________

Dad Email:___________________________________________________________________________________________

Mom Email:___________________________________________________________________________________________

Students – Complete the following questions in an honest, thorough and thoughtful manner. Please answer all questions on your own.

Describe the way your learning difference and/or ADD affects you now (such as speaking, listening, taking notes, spelling, reading and writing compositions).______________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

How do you think the Learning Lab would benefit you?____________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
What are the things you do well?
____________________________________________________
____________________________________________________
____________________________________________________

What academic subjects do you enjoy most?
____________________________________________________
____________________________________________________
____________________________________________________

What academic subjects are an extra challenge?
____________________________________________________
____________________________________________________
____________________________________________________

Are you involved in sports, extra curricular activities, or part-time jobs? Please list.
____________________________________________________
____________________________________________________
____________________________________________________

Parents – Please complete the following section.
Parents’ names:__________________________________________

Educational History (Reason for Learning Lab enrollment)
What are the difficulties your son/daughter is experiencing?
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

In what subject is your son/daughter particularly strong or weak?
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
Does your child enjoy school?__________________________________________

List any remedial programs in which your child has participated, such as Alphabet Phonics, etc.
______________________________________________________________
______________________________________________________________
______________________________________________________________

List any tutors (current and past).__________________________________________

Were the programs and/or tutors successful? Please explain._____________________

______________________________________________________________

Educational Diagnostic Testing

First evaluation date:_____________ Diagnostician_________________________

Re-evaluation date:_____________ Diagnostician_________________________

Submission of a current (within three years) and complete battery of psychoeducational testing is a requirement for enrollment in the TCA Learning Lab program. Recommendations for testing can be made by the Learning Lab staff, but the selection of a diagnostician and arrangement for testing is the responsibility of the parents.