AUXILIARY STUDIES PROGRAM AND TESTING APPLICATION

Santa Margarita Catholic High School
22062 Antonio Parkway, Rancho Santa Margarita CA 92688
949-766-6085 tel ▪ 949-766-6098 fax ▪ aspinfo@smhs.org

Please complete this form carefully and as accurately as possible.
The information requested will be used to determine how to best meet your son/daughter's educational needs. All information will be kept ***STRICTLY CONFIDENTIAL.***

STUDENT NAME_____ **BIRTH DATE:**_____

SEX: ☐ **F** ☐ **M** **2026-2027 GRADE LEVEL:** _____

HOMEADDRESS: _____

TEL.NO:_____ **Parent Email:**_____

CURRENT SMCHS STUDENT? ☐**YES** ☐**NO If not, current school:** _____

I. DEVELOPMENTAL HISTORY

1. Length of pregnancy with this child:_____
2. Any complications during pregnancy? ☐No ☐Yes _____
3. Any complications during childbirth? ☐ No ☐ Yes _____
4. Early developmental milestones**,** i.e., walking, talking, toilet training _____

   _____
5. Allergies: _____
6. Falls or injuries? ☐ No ☐ Yes (Please describe)_____
7. Traumatic experience(s): _____
8. Any excessively high fevers? _____
9. Sleep disturbances: _____ Eating disturbances: _____

II. EDUCATIONAL HISTORY

1. Preschool experience: _____
2. Kindergarten experience: _____
3. First through Sixth grades: _____
4. Subjects that presented the most difficulty: _____
5. Subjects that presented the least difficulty_____
6. Has your child ever been retained a grade? ☐NO ☐YES What grade? _____
7. Has your child ever been assessed for a learning disability? ☐ NO ☐ YES

   Date of testing: _____ Test administered by: _____

   Tests given:_____

   Please attach all written documentation or recent IEP which details standardized scores for each test.
8. Has your child ever received special education services? ☐ NO ☐ YES

   Please specify if: ☐Special day classes learning handicapped ☐ Resource Specialist Program ☐Other _____
9. Has your child participated in a supplemental program? ☐ NO ☐ YES

   If yes, which program:

   ☐Reading Lab Grade(s):
   ☐Math Lab Grade(s):
   ☐Speech and Language Therapy Grade(s):
   ☐Reading Program Grade(s):_____ Specify Type: _____
   ☐Private Tutors Grade(s):_____ Subject(s): _____

10. Please identify your child's learning difficulties from a parental viewpoint: _____

_____

_____

_____

_____

III. HEALTH SUMMARY

Date of last medical examination: _____

1. Is your child under medical care: ☐ NO ☐ YES

   Physician's Name:_____Reason: _____

2. Is your child currently taking any medications? ☐ NO ☐ YES

   Name of medication:_____ Reason: _____

3. List all current medical problems: _____

4. List all past medical problems: _____

5. Does your child wear glasses? ☐ NO ☐YES

   Vision:_____ Date of last vision examination: _____

6. Has your child ever had hearing problems or ear infections? ☐ NO ☐YES

   Please explain _____ Date of last audiological examination: _____

7. Childhood illnesses: _____

IV. BEHAVIORAL/EMOTIONAL

1. Is your child currently seeing a counselor/psychologist? ☐ NO ☐ YES

   Name:_____ Reason: _____

2. Has your child previously seen a counselor/psychologist? ☐ NO ☐ YES

   Dates:_____ Name: _____

3. Previous psychological evaluations or treatments: _____

4. Any previous psychiatric hospitalizations: _____

5. Has your child ever been tested because of behavioral or emotional concerns? ☐ NO ☐ YES

   Date:_____ Name of Examiner: _____

6. Please check all the items that are areas of concern:

☐Motivation	☐Oppositional/Argumentative
☐Study Skills	☐Overly sensitive
☐Refusal to go to school	☐Depression
☐Poor school attendance	☐Anxiety
☐Poor social skills	☐Responsibility
☐Dressing for physical education	☐Alcohol
☐Completion of homework	☐Drugs
☐Bringing work to school	☐Peer group
☐Care of possessions	☐Withdrawn
☐Classroom Behavior	☐Eating habits
☐Test taking	☐Sleep patterns

7. Other behavioral concerns_____

_____

_____

_____

V. SOCIAL HISTORY

1. Groups or organizations: _____
2. Hobbies or interests: _____
3. Quality of relationship with siblings: _____
4. Social involvement as perceived by parent: _____

VI. OTHER COMMENTS/IMPORTANT INFORMATION NOT OTHERWISE COVERED ABOVE: _____

_____

_____

_____

***If your student has not had prior testing within the last three years, a battery of psychoeducational tests will need to be administered to determine whether he/she is eligible to receive services, and the level of those services. If your student has prior testing, please attach a copy to this application. It will help us determine what tests need to be administered.* (Please see list of acceptable psychological tests.) For ASP program participation – testing fee is not required if the student's testing is current and meets ASP eligibility requirements.**

PSYCHO-EDUCATIONAL ASSESSMENT FEE: **$2,200.00** *(Effective 7/1/2026* ***Fee subject to change)***

If it is recommended that your student participate in the Auxiliary Studies Program, program registration is required through the SMCHS FACTS Tuition portal. Please note that there will be an annual ASP tuition fee for your student to participate.

ASP TUITION - School Year 2026-2027 **$3,800.00** *(Annual Tuition fees subject to change.)*

PARENT/GUARDIAN NAME:_____ SIGNATURE:_____

DATE_____ *Please keep a copy of this application and any attachments for your records.*

AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: _____

I hereby authorize the release of information in the record(s) of _____ _____between the SMCHS Auxiliary Studies Program Team, and_____.

I further authorize the SMCHS Auxiliary Studies Program Team to discuss information pertinent to me and my treatment with the above named individual(s) in whatever reasonable manner is necessary to gather information that may be useful in providing services as part of the Auxiliary Studies Program.

Specific information to be released includes: _____ _____

I have discussed with the SMCHS Auxiliary Studies Program Team the issues concerning this consent and the privacy and confidentiality of this information (such as possibilities of uncontrolled re-disclosure or misuse of the information). I understand that I have the right to inspect and copy any information authorized for release by me. I also have the right to revoke consent to future disclosure by indicating so in writing at any time.

_____ _____

Client, Parent or Legal Guardian Witness

Testing Disclaimer

Santa Margarita Catholic High School offers comprehensive and responsive diagnostic and psychoeducational evaluations through the Auxiliary Studies Program. This assessment forms the basis for eligibility and qualification for special services and/or remediation programs at Santa Margarita.

We strive to only make a recommendation or consider requests for psychoeducational assessments after thoroughly reviewing student records, prior testing, transcripts, teacher/counselor/parent input, etc. Nonetheless, we will always be sensitive to parent needs and wishes and will make exceptions to the assessment policy on a case-by-case basis.

We would like you to be aware of the following:

- There may be occasions when the psychoeducational assessment may not present a diagnosis of a disabling condition.
- The psychoeducational assessment may not determine your student to be eligible for special services, for ASP, or for special accommodations at Santa Margarita.
- It is possible that even with the presence of a disabling condition and/or a diagnosis of an attention deficit, learning disability or emotional intrusion diagnosis, your student's application to receive special accommodations on PSAT, ACT, SAT, AP and IB tests and examinations may *not* be approved. Those decisions are made by College Board and/or ACT at their own discretion.

_____ _____

Parent Name Date

_____

Parent Signature

ASP TESTING PROCESS

PHASE 1

A standard battery will be administered which will consist of 6 basic tests ranging from 4-6 hours usually scheduled over two school days. This will include an interview with the student that will collect his/her personal history.

Wechsler Intelligence Scale for Children (WISC-V) or the Wechsler Adult Intelligence Scale (WAIS-IV)
Wechsler Individual Achievement Test-III (WIAT-III)
Conners Auditory Test of Attention (CATA)
Conners Continuous Performance Test, Third Edition (CPT-3)
Stroop Color and Word Test (Stroop)
Nelson Denny Reading Test (Nelson-Denny)
Attention Deficit Hyperactivity Disorder Test, Second Edition (ADHDT-2)
Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2)

PHASE 2

If it has been determined that further testing is necessary, any or all of the following may be administered at no additional charge. The following educational supplemental tests can range from 15 minutes to about two hours depending on what tests are deemed necessary. These tests measure central language processing, auditory conceptualization, cognitive functioning, reading skills and vocabulary development.

Cognitive Assessment System, Second Edition (CAS-2)
Lindamood Bell Auditory Conceptualization Test, Third Edition (LAC-3)
Comprehensive Test of Phonological Processing, Second Edition (CTOPP-2)
Wide Range Assessment of Memory and Learning, Second Edition (WRAML-2)
Test of Auditory Processing Skills, Third Edition (TAPS-3)
Test of Visual-Perceptual Skills, Third Edition (TVPS-3)
Gray Oral Reading Test, Fifth Edition (GORT-5)

The following psychological/emotional functioning tests can range from 90 minutes to approximately 3 hours.

Minnesota Multiphasic Personality Inventory (MMPI)
Behavior Assessment for Children, Third Edition (BASC-3)

PHASE 3

Virtual Testing Meeting with Dr. Blake Oldfield and Suzie Cutter (ASP Director) to discuss test results and recommendations.

PHASE 4

A report will be generated as promptly as possible, however, please be advised that due to the volume and extreme attention necessary in this process, we cannot always guarantee a specific date.

PHASE 5

Your student's academic counselor will be available to assist you in accessing any of the recommendations discussed, including communicating and meeting with your student and/or student's teachers. Subsequent parent meetings will be scheduled as necessary.

If your student has been recommended to participate in the Auxiliary Studies Program, please note that there are tuition fees for ASP participation and a registration process.