

We are pleased that you have expressed an interest in the Starpoint School at Texas Christian University. Starpoint School is a laboratory school that has served children with learning challenges in the Fort Worth area for fifty years.

We receive many applications each year and have only a few available places for new students. Students are chosen by a variety of criteria: age, testing, profiles, and suitability for participation in research, openings available and clinical interest. The child that best fits our program might typically be of average to above average intelligence- 90 and above according to the Wechsler Intelligence Scale for Children IV, has completed a regular kindergarten class and has demonstrated learning differences and/or attentional difficulties with no significant behavioral problems. Because part of our mission is a laboratory school, it is imperative that students chosen are those who will both benefit from our curriculum and provide a more comprehensive educational experience for our TCU students.

Please complete the forms and return to us with a non-refundable application fee of \$50.00. If the \$50 application fee poses financial difficulty, please call our office at 257-7141. After diagnostic review, if applicant's needs are within the range that we serve, you will be contacted to arrange a day for him/her to visit Starpoint usually during the months of February and March. Please note that these visits do not guarantee admission to the school. Placement decisions are **usually** made by the end of April.

TCU sets the tuition each year and makes that information available to us in the spring. Upon acceptance there is a nonrefundable registration fee of \$500.00 that will be due. There is also a \$250 per semester supply fee that is billed with tuition. Financial aid is available for qualified families based on need.

Thank you for your interest and we look forward to hearing from you.

Sincerely,

Damian Patton Director & Jean W. Roach Chair of Laboratory Schools LaJean Sturman Admissions Starpoint School

Starpoint School APPLICATION PROCEDURE

- 1. Diagnostic Report Sent from the agency or individual performing the evaluation.
- 2. **Records Release Form** Sent by parents to present school <u>and</u> the agency or individual who gave the evaluation.
- 3. **Confidential Teacher Evaluation** Sent by parent to student's classroom teacher(s) for completion. The completed form should be returned by the teacher directly to Starpoint School by email, FAX, or post.
- 4. **Student Information Form** Completed by parents and returned to Starpoint School accompanied by a \$50.00 application fee, which is non-refundable.
- 5. **Meeting With Director** When all information has been received we will contact you to arrange a time that you can meet with the director, if this has not already been done.
- 6. **Child Visit** During the spring semester you will be contacted by one of our teachers to plan a day visit for your child.

Starpoint School SCREENING REQUIREMENTS

Starpoint School requires the following assessment information in order to be considered for admission. These tests can be administered by your local public school district staff or a variety of private and non-profit agencies. We can give you the names of diagnosticians with whom we are familiar if you do not have one.

Test information required for placement consideration:

One individually administered intelligence test One Individually administered academic achievement battery

These tests are preferable:

Acceptable individually administered intelligence tests are: Wechsler Intelligence Scale for Children IV Wechsler Intelligence Scale for Children III Stanford-Binet Intelligence Scale IV Kaufman Assessment Battery for Children McCarthy Scales of Children's Abilities Woodcock –Johnson Test of Cognitive Ability

Acceptable individually administered achievement batteries: Woodcock-Johnson Psycho-Educational Battery Kaufman Test of Educational Achievement Wechsler Individual Achievement Test Wide Range Achievement Test (least preferable)

Other testing information helpful in placement consideration would be behavioral or academic checklists, speech and language assessments and tests of perceptual or visual motor skills. The admissions committee may consider some variations to the assessment requirements, but may request additional testing as well.

Other information beneficial to us in assessing the suitability of a placement at Starpoint School for your child is:

School progress reports (grades and comments) for each year Samples of recent work in reading, math and writing Any additional information that would be helpful to us



Confidential Teacher Evaluation

Starpoint School TCU Box 297410 Fort Worth, TX 76129 www.starpoint.tcu.edu

Applicant's Name

As the parent or legal guardian of this child, I waive my right to read the confidential teacher recommendation and the school report for this applicant.

Signature of parent or legal guardian

Date

Please give this form to your child's teacher. The teacher will then FAX, mail, or email the form directly to our office.

This student is applying to Starpoint School. Please evaluate the applicant as carefully as possible by responding to the questions below. Your comments will be held in strict confidence.

How long have you known the student?

In what capacity have you known the student?

Where appropriate please check the appropriate ratings and comment on the back:

	Poor	Fair	Average	Above Average
Academic Achievement				
Initiative				
Integrity				
Focusing attention				
Self-confidence				
Consideration of others				
Self-discipline				
Creativity				
Verbal expression				
Written expression				
Basic reading skills				
Reading comprehension				
Mathematics				
Organizational skills				
Classroom conduct				
School attendance				
Respect for peers				
Respect for authority				

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Please describe this student's strengths:			
Primary concerns regarding this student's academ	ic performance:		
	1		
What if any interventions have been made in this o	child's academic placement?		
Primary concerns regarding this student's behavio	or:		
Is the parent's perception of the child consistent w Additional Comments:			
Applications will not be considered until we receiv	e this completed form.		
Please FAX or email this completed form to Starpoint FAX: 817-257-7168 Email: <u>Starpoint</u>			
This form completed by:			
Nama	Sahaal		
Name (Please Print) Grade/Subject Taught			
Grade/Subject Taught			
Address(Street)	(City)	(State)	(Zip Code)
Signature	Phone	Date _	



REQUEST FOR STUDENT RECORDS

To the parent or guardian:

Please fill in your child's name below, sign where indicated at the bottom and give this form to the principal or headmaster at his/her current school, testing center, psychologist or physician. You should send this form to **any agency or individual** that you think will be able to provide relevant educational or medical information. This form may be duplicated if you are requesting that information be sent from multiple sources.

Student's name

.....

To the school:

Please send all records for the student whose name appears above. Such records would include identifying data, grades, classroom citizenship, attendance information, testing and evaluation results, health information, activities and commendations.

Send to:	Starpoint School	Email: starpoint@tcu.edu
	TCU Box 297410	
	Fort Worth, Texas	FAX: 817-257-7168
	76129	

Å		Photo	
STARPOINT	L Student Informatio Please Print	Date	

Please take your time when completing this form so that we may have as comprehensive a picture of your child as possible. This will help us more effectively assist your child and your family.

Child's Name:					
	Last		First		Middle
	Name child pre	efers:			
	Date of Birth:		Current Age:		
Home Phone: _					
Home Address:					
	Street/Box				
	City		State		Zip Code
Child is living v	with:		Relations	hip:	
Child's present	school:			Present Grade Leve	l:
School Address	::				
	Street/Box				
	City		State	Zip Code	_
Other Schools A	Attended:				
By whom was S	Starpoint recomm	ended:			
		Fami	ly Information		
Mother					
Marital Status (circle one)	Single	Married	d Separated	Divorced
Mother's Name	:				
Address:					
Street/I	Box		City	State	Zip Code
Email Address:					
Home Phone: _		Work Phone:		Mobile:	

Highest Level of Education:					
Occupation:					
Employer:					
Business Address:		<u> </u>	<u></u>		7: 0.1
Street/Box	X	City	Stat	e	Zip Code
Father Marital Status (circle one)	Single		Married Separated		Divorced
Father's Name:					
Address:		City	Stat	e	Zip Code
Email Address:					
Home Phone:	Work Phone:		Mobile:		
Highest Level of Education:					
Occupation:					
Employer:					
Business Address:					
Street/Box	X	City	Stat	e	Zip Code
If parents are separated or divor	rced, what is the custody a	nd visitation a	rrangement for your o	child?	
If parents are divorced and rem Stepfather's Name:		-		ents:	
Address:		City	Stat	e	Zip Code
Email Address:					
Home Phone:	Work Phone:		Mobile:		
Highest Level of Education:					
Occupation:					
Employer:					
Business Address:					

Street/Box Stepmother's Name:		City	State	Zip Code
Address:				
Street/Box		City	State	Zip Code
Email Address:				
Home Phone:	Work Phone:		Mobile:	
Highest Level of Education:				
Occupation:				_
Employer:				
Business Address:				
Street/Box		City	State	Zip Code
Is your child adopted?	If so age at	time of adoption		
Siblings:				
Name	Age	Grade	School	
Name	Age	Grade	School	
Name	Age	Grade	School	
Others in home:				
Name		Relationship		
Name		Relationship		
	Ot	her Interventions		
Has your child ever been retained?	If yes,	, what grade and reason	for retention:	
Special Services: If your child is rece the person or school providing service			ely or at current school p	lease list the name of
Private Tutoring				
Individual Counseling				
Family Counseling				
Private Tutoring				

Speech Therapy	
Language Therapy	
Resource Room Services	
Remedial Reading	
Reading Recovery	
Occupational Therapy	
Other	
Has your child been diagnosed with (if yes, explain):	
ADD or ADHD?	
Oppositional Defiant Disorder?	
Anxiety or Obsessive Compulsive Disorder?	
A diagnosis within the autism spectrum, e.g. Asperger's syndrome, Pervasive Developmental Disorder (PDD or etc.	
Please list the diagnosing/Treating Physician(s) and/or Psychologist(s):	
Current treatment?	
Current medication(s) if applicable:	
Please list and explain any medical condition(s) or history of which we should be aware. Examples: birth difficu allergies, asthma, sickle cell, diabetes, hemophilia, seizure disorder, etc.	ılties,
Routine	
Please note any unusual or remarkable behaviors at home.	
Afternoon and evening schedule / routine:	
Extracurricular activities and participation: (Soccer, Baseball, Dance, Gymnastics, Piano, Scouts, etc.)	