

**APPLICATION PROCESS FOR
THE PENSACOLA CATHOLIC HIGH SCHOOL
ADAPTIVE EDUCATION PROGRAM**

1. Fill out the attached Application Form completely; front and back. Please be sure to indicate the level of placement requested, while also signing and dating the bottom of the page.
2. The Teacher Recommendation Form is to be completed by one or more of your child's current teachers. Once completed, either the teacher or parent should submit the form(s) to the Adaptive Education Department at Pensacola Catholic High School.
3. Case History: Historical questions in regard to the student and family to be filled out at home by the child's parent/guardian. If preferred, an appointment may be scheduled with the Adaptive Education Department for this section to be completed in an interview format.
4. Psycho-educational Evaluation results (dated within the past three years), along with the recommended accommodations that your child needs.
5. If your child possesses an official ADHD diagnosis, please obtain an official letter from his or her doctor and submit to CHS. Any educational accommodations or recommendations that your child needs must also be included in the letter.
6. Please return the completed package to:

Pensacola Catholic High School, Attn.: Keri Meredith (AEP)
7. If you any questions, please feel free to contact the AEP Department via e-mail: kmeredith@pensacolachs.org (or) phone: (850) 436-6400 ext. 630.

I look forward to working with you to ensure your child's success.

Sincerely,

Mrs. Keri Meredith
Adaptive Education Program Director
Pensacola Catholic High School
3043 West Scott Street
Pensacola, FL 32505



ADAPTIVE EDUCATION PROGRAM APPLICATION FORM

Date

Student's Last Name

First Name

Middle Name

Student Date of Birth MM/DD/YYYY

Student's Graduation Year

Current Home/Living Address

City

State Zip

Mother/Guardian's Work Number

Father/Guardian's Work Number

Student's Home Number

Mother/Guardian's Cell Number

Father/Guardian's Cell Number

Mother/Guardian's E-mail Address

Father/Guardian's E-mail Address

Student's Current School

Current Grade Level

School Address

City

State Zip

Student resides with: (check ALL categories that apply):

- () Parents () Stepmother () Stepfather () Legal Guardian(s)
() Grandparent(s) () Natural/Adoptive Mother () Natural/Adoptive Father

Reason(s) for applying to the Adaptive Education Program.

Please check all categories that apply –

() Frequently fails to finish schoolwork within a timely manner

() The child exhibits difficulty in retaining information for tests.

() Difficulty comprehending and following through on instruction

() The child demonstrates knowledge of information orally, but has difficulty writing it.

() Easily distracted and maintaining focus on tasks for extended periods of time

() The child has experienced little or no academic success, with at least sufficient effort.

() Problems with organization as well as misplaces/forgets materials to complete requested tasks/activities

() The child has difficulty with reading comprehensive skills.

() The child experiences difficulty comprehending mathematical concepts.

AEP Enrollment Process - NOT Currently Enrolled

1. Forward formal evaluation by physician, clinical or school psychologist (current within past three years) to CHS Adaptive Education Department.
2. Ask a current teacher to complete the attached Teacher Recommendation Form. Forward to CHS Adaptive Education office.
3. Once all required paperwork has been submitted you will be contacted to set up an appointment/meeting with the Adaptive Education Department.

AEP Enrollment Process - Currently Enrolled

1. Forward formal evaluation by physician, clinical or school psychologist (current within past three years) to CHS Adaptive Education Department. For students possessing a diagnosis of ADHD or other medically related disability, an official statement/letter by the student’s physician must be submitted.
2. Schedule an appointment/meeting with the Adaptive Education Department once all required paperwork has been submitted. All paperwork will be discussed and the student’s Learning Support Plan will be finalized.

ADAPTIVE EDUCATION PROGRAM

***Please check one of the following to indicate the level of service you are requesting:

_____ **LEVEL 1 - Learning Strategies Class** (\$200 per semester)

The purpose of this course is to provide academic support services and additional time to complete content area work within the school day in order to assist students in the AEP program. Students receive academic tutorial assistance in a small group environment and develop strategies needed to enhance their academic performance. Grades are closely monitored and regular communication is maintained between the Learning Strategies teacher, parents, content area teachers, and guidance counselors.

_____ **LEVEL 2 - Support Services** (\$100 per semester)

Students receive accommodations per the Learning Support Plan for classroom tests, etc. (as listed on LSP). The AEP teacher monitors grades each quarter and provides after school assistance as needed.

_____ **LEVEL 3 - Minimum Services** (\$50 per semester)

Students receive accommodations per the Learning Support Plan on semester exams only. The AEP teacher monitors grades each quarter and provides after school assistance as needed.

***I understand that there is a service charge for all AEP Levels, in addition to regular tuition; currently \$200.00 per semester for Learning Strategies class, \$100.00 per semester for Support Services during semester, and \$50.00 per semester for Support Services on Semester Exams Only.

Parent/Guardian Signature

_____/_____/_____
Date

**ADAPTIVE EDUCATION PROGRAM
CASE HISTORY**

The following **confidential** information will be used as an aid in the educational planning process.

STUDENT'S NAME: _____ **DATE OF BIRTH:** ____/____/____

List everyone currently living inside the home:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Occupation of parent(s): Father: _____

Mother: _____

(Or) guardian(s): _____

I. EDUCATIONAL HISTORY

A. List all schools attended, including preschool program(s):

B. List grades repeated (if applicable): _____

C. How does the child complete homework:
Independently _____; with some assistance _____; (or) with considerable assistance _____
Does not complete assigned homework _____

(Educational History continued on back)

D. Rate (from 1 to 10) and explain the student's overall organizational skills (i.e. care of personal possessions, time management, materials needed for homework, using time wisely, study habits, etc.): Rating: _____

Explanation: _____

E. Please describe any tutoring or academic assistance provided outside the school setting: _____

F. Enrollment in Exceptional Student Education:
Current _____ Previous _____

G. Does your student have a current or previous Individualized Education Plan (IEP), 504 Plan, or Learning Support Plan?

IEP: Yes _____ No _____

504 Plan: Yes _____ No _____

LSP Plan: Yes _____ No _____

If yes, please complete Plan date, grade level implemented, school or school district initiated.

Dated: _____ Grade Implemented: _____ School: _____

II. DEVELOPMENTAL HISTORY

A. Describe anything unusual or complicated about the pregnancy or delivery (premature, oxygen used, etc.) _____

Student's birth weight: _____ lbs. _____ oz.

B. Describe any developmental problems with walking, talking, toileting, eating, etc.

C. List any drug(s) used, which may have affected the child's development during pregnancy (e.g., alcohol, tobacco, prescribed or non-prescribed drugs, etc.).

III. MEDICAL HISTORY

A. Describe the child's significant medical problems, past and present, including any hospitalizations.

B. Is the child currently taking medication? If so, explain.

C. List all medications previously prescribed for behavioral, emotional and/or physical reasons other than typical childhood illnesses.

D. Has the child ever been prescribed medication, which you, as parent or guardian, chose not to administer? If so, discuss.

E. Does the child have a history of drug use (alcohol, tobacco, cocaine, marijuana, etc.)? If so, please describe.

F. Has there been a medical diagnosis of any of the following? If so, describe.

Yes/No	Yes/No
_____ Chronic ear infections	_____ Diabetes
_____ Seizures	_____ Vision difficulties
_____ Allergies	_____ Hearing difficulties
_____ Head injuries	_____ Attention Deficit Hyperactivity Disorder
_____ Tic Disorder	Combined Type _____ Inattentive Type _____
_____ Night terrors/Sleep disturbances	_____ Dyslexia – Type: _____
_____ Sleep disturbances	_____ Difficulty with bowel or bladder control
_____ Diabetes	_____ Other: _____

G. Have glasses been prescribed? Yes/No _____
If yes, are glasses routinely worn? Yes/No _____

IV. FAMILY AND SOCIAL HISTORY

A. Has the child always lived with the informant? Yes/No
If not, please explain.

B. How does the child get along?

1. Within the family: _____
2. With other adults: _____
3. With other children (school, neighborhood): _____

C. Describe the primary method(s) of discipline used within the home, by whom it is administered, and indicate which method has been most effective:

D. Has the child seen or experienced physical violence, alcoholism, drug use, criminal behavior, sexual abuse and/or exposure to sexually explicit materials? Yes/No
If yes, please describe.

E. Describe any family difficulties that may be affecting the child's school performance (death of family member, separation/divorce, military imposed separation, etc.)

F. List any family members who have experienced learning/emotional/behavioral problems and the nature of their problem(s).

V. INFORMANT'S DESCRIPTION OF CHILD

A. Has there been a history of any of the following? If yes, please describe.

- | Yes/No | Yes/No |
|------------------------------|--|
| _____ Tics | _____ Overeating |
| _____ Nightmares | _____ Fears |
| _____ Fires setting | _____ Excessive pouting/sulking/crying |
| _____ Excessive worrying | _____ Running away from home |
| _____ Cruelty to animals | _____ Trouble sleeping |
| _____ Excessive tantrums | _____ Excessive sadness |
| _____ Excessive disobedience | _____ Mood swings |
| _____ Suicide threats | _____ Physical complaints related to personal or school difficulties |
| | _____ Other problematic behaviors (please describe) _____ |

(Description of child continued)

B. Does the child have problems paying attention? Yes/No
 Does the child seem overly active? Yes/No

If yes is indicated for either item, please complete the following items in this section.

	Rarely	Sometimes	Often
Remains seated when required to do so			
Talks excessively			
Sustains attention to tasks or play activities			
Listens attentively to what is being said to his or her			
Fidgets with hands or feet, squirms in seat or has feelings of restlessness in adolescence			
Engages in physically dangerous activities without considering possible consequences			
Is able to play quietly			
Takes turn in games or group situations			
Completes activities and/or chores			
Blurts out answers to questions before they have been completed			
Interrupts or intrudes on others.			
Follows through on instructions from others			
Loses things necessary for tasks or activities at home (i.e. toys, pencils, assignments)			

If your child is extremely active and/or inattentive, at what age did you first notice the behavior? _____

VI. SPECIALTY CARE (Please complete this section, if applicable.)

List all agencies and/or specialists who have evaluated, treated or been involved with the child/student (i.e. psychologist, mental health workers, neurologists, HRS, Lakeview Center, etc.)

_____	_____	____/____/____
Agency Name	Evaluator/Specialist	Date
_____	_____	____/____/____
Agency Name	Evaluator/Specialist	Date
_____	_____	____/____/____
Agency Name	Evaluator/Specialist	Date

_____	____/____/____	_____
Informant's signature	Date	Relationship to Child



TEACHER RECOMMENDATION FORM
(to be completed by a current teacher)

Name of student: _____ Student's current grade level: _____

Current teacher: _____ Current School _____

Personal Characteristics	Outstanding	Very Good	Average	Below Average	Poor
Is cooperative					
Shows initiative					
Interacts with others					
Is organized					
Produces quality work					
Is motivated					
Is flexible					
Is dependable					
Plans time/events/steps					
Shows stamina					
Communicates effectively					
Expresses true feelings					
Is creative					
Is prompt/committed					
Has self-confidence					

SCHOLARSHIP POTENTIAL

Teacher Observations	Yes	No	Not Observed
Student could benefit from improving reading/reading comprehension.			
Student needs to build vocabulary understanding			
Student needs help in developing math concepts.			
Student knows material orally but cannot produce it on a test.			
Student's writing skills lack grammar and structure.			
Student reverses number order or exhibits sequencing problems.			
Student reverses letters when writing or reading (for example: confuses "b" and "d" and/or reverses letter order when spelling.			
Student exhibits spatial comprehension problems, such as comprehension of geometrical concepts/relationships.			
Student cannot recall long-term memory information from year to year. (i.e. example: parts of speech or the formula for finding the area of a circle).			

Please add any further comments/explanations of the student's academic potential/history that may help to further clarify or emphasize his/her need for the assistance provided by the Adaptive Education Program.

Subject(s) taught by teacher to student:

Subject: _____ Period/time of the day: _____

Subject: _____ Period/time of the day: _____

Subject: _____ Period/time of the day: _____

Subject: _____ Period/time of the day: _____

Current teacher's signature:

Date: ___/___/_____

Form should be submitted to:

Adaptive Education Department
 Pensacola Catholic High School
 3043 West Scott Street
 Pensacola, FL 32505

**Frequently Asked Questions (FAQ)
about the
Adaptive Education Program (AEP)
at Catholic High School**

1. Does the AEP class count towards my student's graduation credits?

YES, for a Learning Strategies Class (Level 1), the student will receive 1 Credit per year or .5 Credit per Semester of enrollment in Learning Strategies.

2. Can my student's level of AEP service be changed?

YES, as your child progresses in his/her skills and academic progress, he/she may change levels (i.e. from Level 1 to Level 2). A committee consisting of the Principal, the AEP teachers, and both guidance counselors make those decisions based on the student's academic progress and participation/use of time in the Learning Strategies class. Parents and students may also request a level change if they feel ready for other required courses and/or an additional elective.

3. What is the responsibility of the AEP teacher?

To provide academic support for content area classes and instruction in learning strategies/study skills to enhance academic performance.

4. What is the responsibility of the parent?

Consistently be aware of your child's grades via POWER SCHOOL. Visit the website Schoology regularly to be aware of your student's daily course work and assignments. You should find homework assignments, worksheets, websites, Power Point presentations, quiz/test dates, and a variety of other content that has been entered by the teachers. The teachers include their course requirements and course policies as well as their Grading Policy.

5. What is the responsibility of the student?

To be prepared AT ALL TIMES by completing assignments, studying for tests and quizzes, checking Schoology to know what the expectations are for the day/week, copying any homework assignments from the classroom board, asking questions and interacting to be an active participant in their classes.

6. If I have a question about an assignment, missing work, or low a test/quiz grade, whom should I contact?

The first person to contact is the student's content area teacher. If a homework assignment is missing or your student scores poorly on a test/quiz, contact the classroom teacher. That teacher will be the person most knowledgeable about the problem. If a PATTERN OF MISSING ASSIGNMENTS OR POOR TEST GRADES occurs, then the AEP teachers along with the guidance counselors and content area teachers will call a meeting with the parent and try to determine what the bigger problem might be.

7. Who do I contact if I don't understand an assignment and my student can't explain it?

Contact the CLASSROOM TEACHER. That person is best able to answer any questions about specific assignments.

8. What are the Levels of the Adaptive Education Program and what does each level mean?

- Level 1: Learning Strategies class that meets four times a week just like any other class the student takes.
- Level 2: Support Level - student is placed in all content area courses but may utilize the accommodations as outlined on their CHS Learning Support Plan.
- Level 3: Minimal Support - generally this student qualifies for extended time on a semester exams ONLY. Accommodations may be utilized per CHS Learning Support Plan.

9. When I see EXTENDED TIME on tests as an accommodation on my student's Learning Support Plan, what does that mean?

This means the student (Level 1 or Level 2) is allowed extra time to complete the following tests ONLY: semester exams and any MAJOR classroom tests that will require the FULL 55 minutes to complete. (AEP Students will NOT be allowed extra time on quizzes administered in any class.) The student MUST initiate the extra time request by verbally coordinating a completing time with the classroom teacher **prior to leaving the class**. If the student does not initiate the request, extra time cannot be provided.

10. One of the recommendations on my student's Learning Support Plan is Math Lab. How and when does this work?

A schedule of times is on the Math Lab handout which can be found in each Math classroom, on the teacher's Schoology page, and in Guidance. Additionally, your child should speak with his/her math teacher to see if he/she would be willing to answer any questions / help with problems after school – even if that teacher is NOT scheduled for the math lab that day.

Recommended Psycho-Educational and Psychological Evaluation Providers
Pensacola Catholic High School

Though your child will be enrolled in a private school, services through your local county are still available at no cost to you. Please contact your county of residence to find out how to start and/or continue the process for educational evaluations and possible needed services.

FDLRS Emerald Coast Child Find specialists provide free developmental, speech, language, hearing, and vision screenings for **non-public** school children, ages 3-21, potentially in need of specialized educational. Child Find screenings are done in Pensacola, Milton, Navarre, Fort Walton Beach and Crestview, FL. For students already enrolled in public school, please contact the Guidance Counselor at the child's school for assistance.

Contact: (850) 469-5423 or 1-888-445-9662 to schedule a screening appointment. You may also complete and return one of the forms on the website to be contacted for a screening appointment: <https://www.fdlrsemeraldcoast.org/child-find>

Private Services: Below you will find a list of some of the professionals in our area that have provided evaluations for our students in the past. Your child's current provider may also be able to provide the needed testing and recommended educational accommodation information. Please contact your insurance provider for more information regarding cost, credentials, specializations, and availability.

<p><u>Bay Centre</u> Phone: (850) 438-4292 Fax: (850) 436-7554 4590 Isabella Ingram Drive Pensacola, FL 32504 http://www.baycentre.net/</p>	<p><u>Dr. Ali Kizilbash, Ph.D.</u> <u>Psychology, Neuropsychology</u> 850-484-7800</p>
<p><u>Dr. Stephen Zieman, Jr, Ph.D.,</u> Neuropsychologist, Psychological Associates, P.A. Phone: (850) 434-5033</p>	<p><u>Wolff Center</u> Phone: (850) 474-4777 1530 East Airport Boulevard Pensacola, FL 32504 http://www.wolffcenter.com/</p>
<p><u>Creekside Psychiatric Center</u> Phone (850) 476-0977 Fax (850) 476-2558 5190 Bayou Blvd, #6 Pensacola, FL 32503 http://www.creeksidepa.com/</p>	<p><u>Ronald C. Yarbrough, Ph. D., P.A. & Associates</u> Phone: (850) 478-3888 Fax: (850) 478-0914 1576 Airport Blvd. Pensacola, FL 32504 http://www.mentalhealthpensacola.com/about_us.html</p>
<p><u>Karen Hagerott, Ph.D., P.A.</u> Phone: (850) 994-1205 Fax: (850) 994-1206 4501 Woodbine Road Pace, FL 32571</p>	

Catholic High School

3043 West Scott Street · Pensacola, Florida 32505 (850) 436-6400 FAX (850) 436-6405

AUTHORIZATION TO DISCLOSE INFORMATION

Whose records are to be Disclosed (<u>print</u> name):			SSN: _____		
_____	_____	_____	Date of Birth: _____		
First	Middle	Last	Month	Day	Year

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) all my medical records, education, records, and other information related to my ability to perform tasks.

This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s), including but not limited to:
 - Psychological, psychiatric, or other mental impairment(s) (excludes psychotherapy notes as defined in 45 CFR 164.501).
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and my ability to work.
- Information created within 12 months after the date this authorization is signed, as well as any and all past information.

This authorization allows for release of information FROM:

- All medical sources (hospitals, clinic, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitations counselors.
- Consulting examiners.
- Employers
- Others who may know about my conditions (family, neighbors, friends, public officials).

This authorization allows for release of information TO:

*Pensacola Catholic High School
Guidance Department / Adaptive Education Program (AEP)
3043 West Scott Street, Pensacola, FL 32505
(850) 436-6400*

IMPORTANT INFORMATION ABOUT PRIVACY: Personal information that collected is protected by Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Records will be maintained in accordance with these policies.

SIGN ►		If not signed by subject of disclosure, specify basis for authority to sign:			
		<input type="checkbox"/> Parent of minor		<input type="checkbox"/> Guardian	
		<input type="checkbox"/> Power of Attorney			
		<input type="checkbox"/> Other (specify): _____			
Date Signed:	Street Address:				
Phone Number (with area code)	City	State	Zip Code		

SERVICES FOR STUDENTS WITH DISABILITIES

Consent Form for Accommodations Request

Student Information

Student Name: _____

School: _____

Student Date of Birth: _____

I wish to apply for testing accommodation(s) on College Board tests (SAT[®], PSAT[™] 10, PSAT/NMSQT[®], and/or Advanced Placement[®] Exams) due to disability. I authorize my school: to release to College Board copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that College Board requests for the purpose of determining my eligibility for testing accommodations on College Board tests; and to discuss my disability and accommodation needs with College Board. I also grant College Board permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Parent/guardian signature is required if student is under 18.)

School Instructions

This form should be used when a request for accommodation(s) is submitted electronically (via SSD Online). The form should be maintained by the school with the student's records. It does not need to be sent to College Board. You will be asked to verify that a signed consent form is on file at the school prior to submitting a request for accommodations.



Consent to Release Information to ACT

Print the examinee's first and last name.

Examinee First Name

Examinee Last Name

Examinee/Parent Signature

I verify that the information provided in the accommodations and English learner (EL) supports request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of documents or other information related to this request by school officials, physicians, or others having such information, if requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations or EL supports is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations or EL supports.

Parent or legal guardian signature, or student signature if over age 18

Date

Telephone Consent

I verify that I have spoken to the examinee's parent or legal guardian by telephone, and obtained his or her permission to release information to ACT specifically as described above.

School official's signature

Date

Requesting Accommodations

Checklist for International Examinees

Step 1



Create an account or log in



Register

- Register for the ACT® test
 - Indicate your need for accommodations
 - Select "Center-Based Testing" if you can take the ACT with 50% extended time in one session via computer-based testing
 - Select "Special Testing" if you need accommodations other than 50% extended time in one session and/or need to take the ACT with paper and pencil
 - Complete registration
-

Step 2



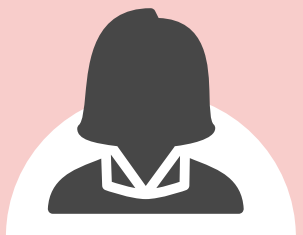
You will receive an email



Email Instructions

- Receive email from ACT with instructions for working with your school to submit a request for accommodations
 - Complete [Consent to Release Information form](#)
 - Forward the email and completed form to your school official
-

Step 3



School submits request



Submit Request

- School official will submit your request to ACT
Note: Your school official must submit all accommodation requests to ACT by the published late registration deadlines to be considered for your preferred test date.
 - ACT reviews the request and emails the Accommodations Decision Notification to your school official
 - School official should contact you within 2–4 weeks of submitting your request
-

Note: The basic fees and registration deadlines for accommodated testing are the same, including for international examinees. Refer to [View Test Dates](#) for registration deadlines.