

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.

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. 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.
- 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 v report for this applicant.	waive my right to read the	confidential teac	her recommenda	ation and the school
Signature of parent or legal guardian		Da	ite	
Please give this form to your child's teacher.	The teacher will then FA	X , mail, or ema	il the form dire	ctly to our office.
This student is applying to Starpoint School. Plequestions below. Your comments will be held in	n strict confidence.			nding to the
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	he hack:		
where appropriate preuse eneck the appropriate	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				

Please describe this student's strengths: _			
rimary concerns regarding this student's	s academic performance:		
What if any interventions have been made	e in this child's academic placement?		
Primary concerns regarding this student's	s behavior:		
	sistent with the school's perception of the o		
Applications will not be considered until volume Please FAX or email this completed form to FAX: 817-257-7168 Email: §	-		
This form completed by:			
Name(Please Print)  Grade/Subject Taught	School		
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 sch	ool:	
include ide	entifying data, grades, cla	ent whose name appears above. Such records would assroom citizenship, attendance information, testing and on, activities and commendations.
Send to:	Starpoint School TCU Box 297410 Fort Worth, Texas 76129	Email: starpoint@tcu.edu  FAX: 817-257-7168
Signature	of parent or guardian	Date



Date \_\_\_\_\_

#### **Student Information**

Please Print

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 prefers	3:			
	Date of Birth:		Current Age:		_
Home Phone: _					
Home Address:					
	Street/Box				
	City		State		Zip Code
Child is living v	vith:		Relationshi	ip:	
Child's present	school:			Present Grade Level:	
School Address	:Street/Box				
	City		State	Zip Code	
Other Schools A	Attended:				
By whom was S	Starpoint recommend	ed:			
		<u>Fam</u>	ily Information		
<b>Mother</b> Marital Status (	circle one)	Single	Married	Separated	Divorced
Mother's Name	:				
Address:					
Street/I	Вох		City	State	Zip Code
Email Address:					
Home Phone: _		Work Phone:	N	Mobile:	

Highest Level of Education:				-	
Occupation:					
Employer:					
Business Address:		a:		G	7: 0 1
Street/Box	X	City		State	Zip Code
Father Marital Status (circle one)	Single	]	Married Separat	ed	Divorced
Father's Name:					
Address:		0.4		Ct. t	7: 0.1
Street/Box		City		State	Zip Code
Email Address:					
Home Phone:	Work Phone:		Mobile: _		
Highest Level of Education:				-	
Occupation:					
Employer:					
Business Address:					
Street/Box	X	City		State	Zip Code
	<u>Hor</u>	me Environme	<u>nt</u>		
If parents are separated or divo	rced, what is the custody a	and visitation ar	rangement for y	our child?	
If parents are divorced and rem	narried, please complete th	e following info	ormation on step	-parents:	
Stepfather's Name:		_	-		
Address: Street/Box		City		State	Zip Code
Email Address:					
Home Phone:	Work Phone:		Mobile: _		
Highest Level of Education:					
Occupation:					
Employer:					
Business Address:					

Stepmother's Name:	Street/Box	City	State	Zip Code
Address:				
Street/Box		City	State	Zip Code
Email Address:				
Home Phone:	Work Ph	one:	Mobile:	
Highest Level of Educ	ation:			
Occupation:				
Employer:				
Business Address:	Street/Box		State	Zip Code
		·		•
Is your child adopted?	If	so age at time of adopti	on	
Siblings:				
Name	Ag	e Grade	School	I
Name	Ag	e Grade	Schoo	ol .
Name	Ag	e Grade	School	
Others in home:				
Name		Relations	hip	
Name		Relations	hip	
		Other Intervent	ons	
Has your child ever be	en retained?	_ If yes, what grade an	nd reason for retention:	
Special Services: If yo		of the following service	es privately or at current	school please list the name of
Private Tutor	ing			
	ing			

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 PDD NOS), 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 difficulties, allergies, asthma, sickle cell, diabetes, hemophilia, seizure disorder, etc.
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.)