

APP Rec'd _____

SUPP Rec'd _____

TEST Rec'd _____

Reviewed _____

Follow Up _____

P.A.S.S. PROGRAMS FOR ACADEMIC SUPPORT AND SUCCESS

This form supplements the Student Application with regard to academic and support services.

Please complete the following and remit to Asheville Christian Academy with any requested testing results.

STUDENT'S FULL NAME _____ **BIRTH DATE** _____

TESTING If your child has ever been tested for a learning difficulty, please provide the following testing information and *enclose a copy of the test results*.

- Type of testing (WISC-IV, Woodcock Johnson, etc.) _____
- Date of testing _____
- Age of child when tested _____
- Reason for testing _____
- Who administered the testing _____

DIAGNOSIS If your child has ever been diagnosed with a reading, language, learning or behavioral difficulty, please provide the specific diagnosis (i.e. ADD, ADHD, autism spectrum disorder, LD, anxiety disorder, OCD, etc.) _____

SERVICES If your child has ever been enrolled in a special education program or received special services, please note which services (i.e. IEP, remedial reading or math, speech therapy, occupational therapy, resource room, educational therapy, neurofeedback, etc.) _____

MEDICATION If your child has ever taken medication for a behavioral or learning difficulty, please provide the following information.

- Medication and dosage _____
 - Why was the medication prescribed _____
- _____

If your child is *currently* on medication, please provide the following information.

- Medications and dosage _____
 - Noticeable side effects _____
 - Why was the medication prescribed _____
- _____