



# Achievers' Center for Education

AchieversCenterForEducation.org

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## MISSION

Educate a diverse  
group of secondary-aged  
students with learning  
challenges who, together with  
Christ, will learn to live  
effectively in God's world.

Dear Parents,

Thank you for your interest in the Achievers' Center for Education (ACE). The admissions process provides an opportunity for parents and prospective students to become familiar with the academic program, school climate and overall philosophy of ACE. The first step of this process will be completing and submitting this screening packet, a copy of all current testing and the \$20 screening fee.

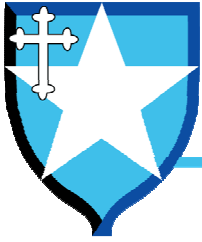
Our goal is always to be part of the group of people that help you to support and nurture your child. It is helpful for us to contact professionals who have worked with your child to help us develop an educational plan that best meets your child's needs. Please complete one copy of the Consent for Release/Request of Confidential Information for each person or agency you will permit Achievers' Staff to contact to gather essential information for enrollment, including:

- Most Recent Classroom Teachers (Reading and Math)
- Current Psychologist, Counselor or Psychiatrist
- Most Recent Special Education Teacher
- Physician

Please return the most current copy of all testing and \$20 fee with your child's screening packet. Thank you again for your interest in ACE!

Sincerely,

Roger Tetro  
Chief Operating Officer  
Achievers' Center for Education



# Achievers' Center for Education

Screening Packet

Date: \_\_\_\_\_

Mother's (or Legal Guardian's) Name: \_\_\_\_\_\*      Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_      City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Mother's Work: \_\_\_\_\_      Father's Work: \_\_\_\_\_

Email: \_\_\_\_\_      Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_      Church Affiliation: \_\_\_\_\_

Who should be our primary contact ("Sponsor") for the Student? \_\_\_\_\_

\* This person [as per \* on Application]

Because we choose to have a small student population, and wish to maintain a program that is positive and productive, parent involvement is essential. Please initial that you have read and commit to the following:

\_\_\_\_\_ I will attend Orientation, Open House and conferences with staff members.

\_\_\_\_\_ I will volunteer by serving on one committee.

\_\_\_\_\_ I will attend 4-5 PTO meetings a year.

\_\_\_\_\_ I will participate in fund raising efforts.

\_\_\_\_\_ I will assist my child in completing and returning their homework.

Student Name: \_\_\_\_\_      DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_      School District of Residence: \_\_\_\_\_

Ever retained?:  No  Yes      Grade(s) retained: \_\_\_\_\_

Schools attended for the past 5 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of last individual **Academic** testing

\_\_\_\_\_ Date of last individual **Psychological** testing      List student diagnoses: \_\_\_\_\_

Current reading level: \_\_\_\_\_      \_\_\_\_\_

Current math level: \_\_\_\_\_      \_\_\_\_\_

List current medications: \_\_\_\_\_

**Please check all that are characteristic of your child:**

- Is a willing participant in the learning process
- Puts forth reasonable effort on school work
- Responds well to positive reinforcement
- Relates well to peers
- Relates well to teachers and other adults
- Difficulty sustaining attention
- Difficulty with written language
- Difficulty with oral language
- Difficulty completing work
- Has a history of behavior problems:  Unsatisfactory conduct grades  Suspension from school
- Has needed an individual behavior management plan
- History of physical aggression
- Has run away from home or school
- Is or has been in foster care
- Frequent oppositional behavior
- History of abuse
- Performs two or more grade levels below in (please list subjects): \_\_\_\_\_  
\_\_\_\_\_
- Has special health issues: \_\_\_\_\_  
\_\_\_\_\_
- Has been hospitalized or in residential care (if so, please describe reason and outcome): \_\_\_\_\_  
\_\_\_\_\_



Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that this consent form is given for the following purpose(s):

\_\_\_\_\_ To **request** information that will assist in educational programming.

\_\_\_\_\_ To **request** information that will assist in evaluation.

\_\_\_\_\_ To **request** information that will: \_\_\_\_\_

\_\_\_\_\_ To release information.

I, as the parent – or legal guardian – of the above-named student, give consent to the following **Educator** to release records described below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Records being **requested** by Achievers' Staff:

- ARD Committee Reports
- Academic Testing
- Psychological Testing
- Report Cards and/or Progress Reports
- Disciplinary Reports
- Other: \_\_\_\_\_

Records being **released** by Achievers' Staff:

- Individualized Goals
- Academic Testing
- Report Cards and/or Progress Reports
- Disciplinary Reports
- Other: \_\_\_\_\_

**Rights of Consent**

- I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and used for the purpose(s) indicated above.
- I understand that this consent is voluntary and may be revoked at any time by informing ACE's Chief Operating Officer, in writing, except to the extent agencies have already taken action in response to it.
- I understand that I can obtain a copy of any record released by this consent upon request in writing to the releasing agency.
- Unless sooner revoked, I understand that this consent is effective for one year from the signature date.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Discrimination Statement:** In the spirit of Christian unity and the love that Christ shows for all humankind, Achievers' Center for Education (ACE) does not discriminate on the basis of race, color, sex or national or ethnic origin, or physical or cognitive disability. However, ACE does reserve the right to use appropriate selection criteria for employees and students in fulfillment of its mission, stated goals and objectives.



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\_\_\_\_\_ To **request** information that will: \_\_\_\_\_

\_\_\_\_\_ To release information.

I, as the parent – or legal guardian – of the above-named student, give consent to the following person or agency to release records described below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

This is a(n):  Educator  Psychologist/Counselor  Psychiatrist  School Nurse  Other \_\_\_\_\_

Records being **requested** by Achievers' Staff:

ARD Committee Reports

Academic Testing

Psychological Testing

Report Cards and/or Progress Reports

Disciplinary Reports

Other: \_\_\_\_\_

Records being **released** by Achievers' Staff:

Individualized Goals

Academic Testing

Report Cards and/or Progress Reports

Disciplinary Reports

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