



## **Admissions Application**

Thank you for considering Raskob Day School for your child. Raskob provides programs for bright students in grades 2-8 with language based learning disabilities who are not sufficiently benefiting from regular academic placement. Individualized, multisensory, explicit instruction is used to remediate academic weaknesses, while building on the strengths and talents of each learner.

Through this application process, our admissions team carefully considers each applicant and decides whether he/she would benefit from our comprehensive program. In order to do this, we ask that you provide the following information and participate in the outlined steps of this process. We look forward to learning more about your child and working with your family to make this important decision.

### Admissions Procedures

A complete application containing the following must be turned in:

A completed application form

A non-refundable application fee of \$100

A letter of introduction in which the student's interests, talents, and current academic challenges are discussed

Recently administered (within three years) comprehensive neuropsychological assessment or psycho-educational evaluation

School report cards for the last two academic years

Individual Education Plan (IEP or 504 plan) if available

Speech/Language, Occupational Therapy testing and other information which would enhance our understanding of the student, if available

A recent photo

Parent Questionnaire

Release of Information

Teacher Recommendation Form

Your application will not be reviewed until the application requirements are completed. After we have received a complete application, you will be contacted to discuss the next steps. If you have any questions please feel free to contact our Admissions Director, Jessica Baiocchi, at 510-436-1278 or Baiocchi@hnu.edu.





**Student Information**

**Grade Entering \_\_\_\_\_**

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Adopted: Yes\_\_ No\_\_ Does child know: Yes\_\_ No\_\_  
If adopted, at what age did child join your family? \_\_\_\_\_ Does child live with both parents? Yes\_\_ No\_\_  
If no, please indicate who child lives with: \_\_\_\_\_  
If parents are divorced or separated, what is the custodial arrangement? \_\_\_\_\_  
With whom should we communicate about your child's application? \_\_\_\_\_  
Name(s) and age(s) of siblings: \_\_\_\_\_  
Current Grade: \_\_\_\_\_ Current School Year: \_\_\_\_\_ Grade(s) Repeated: \_\_\_\_\_  
Current School: \_\_\_\_\_ Years at Current School: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_  
Profession: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_  
Profession: \_\_\_\_\_ Place of Employment: \_\_\_\_\_



What is your child's diagnosis and/or area of greatest challenge? \_\_\_\_\_

Has your child ever been hospitalized for psychiatric reasons? If so, when? \_\_\_\_\_

Is your child currently taking any medications? Yes\_\_\_ No\_\_\_

If yes, please list the name, frequency, dose, condition, and supervising physician of current medications below:

Medication Name	Frequency	Dose	Condition	Supervising Physician

Does your child currently receive special education services through an IEP: Yes\_\_\_ No\_\_\_

Has your child received any of the following?

Type	Date Rec'd From---To	Name of Clinician/Therapist	How Frequently?
Private Tutoring			
Speech and Language			
Occupational Therapy			
Resource Services			
Social Skills Group			
Individual Therapy			
Lindamood Bell			
Classroom Aide			
Other			

Has your child ever been asked to leave a school? If yes, please explain: \_\_\_\_\_

Has your child ever been expelled/suspended from school? If yes, please explain: \_\_\_\_\_

How did you hear about Raskob Day School? \_\_\_\_\_



## Parent Questionnaire

**How would you describe your relationship with your child?**

---

---

---

**What are three of your child's skill strengths?**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**What are three of your child's character strengths?**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**What does your child like to do for fun?**

---

---

---

**What academics or activities frustrate your child?**

---

---

---

**In what ways do you feel your child learns best?**

---

---

---

**What are your hopes or goals for your child?**

---

---

---



**What services have helped your child the most in the past?**

---

---

---

**Do you know of anyone in your family who experienced difficulty learning in school?  
If yes, whom?**

---

---

---

**What major changes, if any have occurred in the family within the past year?**

---

---

---

**What do you hope Raskob can do for your child?**

---

---

---

**Is there anything else we should know about your family?**

---

---

---

**Who referred you to Raskob Day School?**

---

**Parent Questionnaire completed by: \_\_\_\_\_ Date: \_\_\_\_\_**



## Release of Information

Name of Child: \_\_\_\_\_

Grade: \_\_\_\_\_

I give permission for any representative of Raskob Learning Institute and Day School staff to speak with the following persons regarding my child. Please consider listing the following: teachers, administrators, psychologists, educational therapists, or physicians.

Name/ Title: \_\_\_\_\_

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

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

Name/ Title: \_\_\_\_\_

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

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

Name/ Title: \_\_\_\_\_

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

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

Name/ Title: \_\_\_\_\_

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

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

Exchange of information by: Telephone \_\_\_\_\_ Correspondence \_\_\_\_\_

Information is to be two-way: Yes \_\_\_\_\_ No \_\_\_\_\_

### I Understand:

- I do not have to sign this authorization and that my refusal to sign will not affect my status or placement at Raskob Learning Institute and Day School.
- Consent is valid for one calendar year after date of signature.
- I may cancel this authorization at any time by submitting a *written* request to the Raskob Learning Institute and Day School, except where a disclosure has already been made in reliance on my prior authorization.

Signature of Parent, Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

or Authorized Representative

Printed Name \_\_\_\_\_

Relationship to child: \_\_\_\_\_