

CUA



The Catholic University Of America
Office of Disability Support Services
620 Michigan Ave NE, 207 Pryzbyla Center
Washington, DC 20064
Phone 202-319-5211, Fax 202-319-5126

TO BE FILLED OUT BY SPECIAL EDUCATION TEACHER OR TUTOR (OPTIONAL)

To whom it may concern:

_____ has been accepted to The Catholic
(Printed Name)

University of America and has applied to our Academic Skills Program. In order to better meet the student's needs, it would be helpful if you would provide us with the following information. Thank You.

_____ Disability:

Describe the student's disability: _____

_____ Has the student had a psychological/ educational evaluation within the last three years?

Yes _____ No _____ Explain: _____

_____ Did the student have a transitional I.E.P. or SOP done during their senior year of high school?

Yes _____ No _____ Explain: _____

_____ Did the most recent set of tests measure both ability and achievement?

Yes _____ No _____ Explain: _____

_____ Were the most recent tests conducted normed for adults?

Yes _____ No _____ Explain: _____

_____ Was the student in special classes, resource room, or supervised study hall?

Yes _____ No _____ Please specify: _____

_____ How long has the student been receiving services? _____

II Academic Skills:

Writing: Put (s) for Strength or (w) for Weakness

____ Handwriting ____ Punctuation ____ "Putting down ideas"
____ Reversals (letters/words) ____ Grammar ____ Organizing Papers
____ Typing ____ Spelling ____ Finding Ideas
____ Computer Skills ____ Other _____

Comments _____

Reading: Put (s) for Strength or (w) for Weakness

____ Comprehension ____ Speed ____ Recall: Immediate
____ Word Attack Skills ____ Finding Main Idea ____ Recall: Long-term
____ Phonics ____ Other _____

Current Grade Level of Reading _____
Comments _____

Mathematics: Put (s) for Strength or (w) for Weakness

____ Adding ____ Decimals ____ Formulas ____ Subtracting
____ Fractions ____ Abstract Concepts ____ Number Reversals ____ Percents
____ Multiplying Facts ____ Dividing ____ Word Problems ____ Memory Basic
____ Other _____

Comments _____

III Test Taking

Please check which accommodations have been given to the student previously

- Time and a Half Double Time Unlimited Time
 Separate location Alternative Format Oral (explain: _____)
 Spell Check Use of a calculator _____
 Other _____

Comment on the student's test taking skills _____

IV Classroom Accommodations

Please check which accommodations have been given to the student previously

- Recorded/E-Texts Texts Recorded Lectures Notetakers
 Tutoring Other _____

Comments on the student's in class skills _____

V Learning Mode

How does the student learn best? Please rank each group.

- Lectures, Recordings (Auditory)
 Books, Workbooks, Handouts, Diagrams, Notes (Visual)
 Movies, TV , Computer (Multi-sensory)
 Modules, Experiments (Tactile)

Comments _____

VI Personal Characteristics

Please comment on each of the following about the student:

Self- Concept

Attitude

Motivation:

Peer Interaction:

Other Comments:

VII Please provide a narrative description of the student and any other information you have gained by working together. Also include why you feel this program is necessary for the student to succeed in college. Feel free to continue on a different sheet of paper, if needed.

Form Completed By:

Printed Name

Signature

Date

Title

Phone

9/13/11