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

To whom it may concern:
______________________________________ has been accepted to The Catholic 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.

I 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?______________________________
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 Concepts       _____ Percents

_____ Multiplying       _____ 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