



# WESTMINSTER

CHRISTIAN ACADEMY

## Admission Application – Section A (Parent)

*This section is to be completed by parents or guardians of the applicant. Please print.*

### APPLICANT INFORMATION

Applicant's legal name \_\_\_\_\_  
First Middle Last

Female  Male Preferred name \_\_\_\_\_

Age \_\_\_\_\_ Date of birth (month/day/year) \_\_\_\_\_ Place of birth \_\_\_\_\_

Applying for grade \_\_\_\_\_ Month/Year \_\_\_\_\_ Current grade \_\_\_\_\_

Citizenship:  U.S.  Other (Please specify) \_\_\_\_\_ Language(s) spoken at home (other than English) \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street City State ZIP Code

Home telephone ( ) \_\_\_\_\_ Applicant's email \_\_\_\_\_ optional

Will the applicant be requesting financial aid?  Yes  No

Please check all that apply (optional, used for statistical purposes only):

- African-American or Black  Hispanic or Latino  Asian
- American Indian or Alaska Native  Caucasian or White  Native Hawaiian or Other Pacific Islander

### FAMILY CHURCH INFORMATION

Name of family's congregation \_\_\_\_\_ Member:  Yes  No

Denomination \_\_\_\_\_

Frequency of family's church attendance:  Weekly  Frequently  Infrequently

Frequency of student's church/youth group attendance:  Weekly  Frequently  Infrequently

### SCHOOL INFORMATION

Current school \_\_\_\_\_

School address \_\_\_\_\_  
Street Address City State ZIP Code

School telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Principal/Head \_\_\_\_\_

Dates of attendance \_\_\_\_\_

All other school(s) previously attended (attach additional paper if necessary):

Name	Address	Telephone	Dates of attendance

FAMILY INFORMATION

Student resides with (check all that apply):  Father  Mother  Stepfather  Stepmother  Other (please specify) \_\_\_\_\_

Correspondence should be sent to:  Both parents  Father  Mother  Other (please specify) \_\_\_\_\_

Alumnus/a  Deceased  
Name of parent or guardian:  
 Dr.  Mr.  Mrs.  Ms.  Other (please specify)

\_\_\_\_\_  
First Middle/Maiden Last

Preferred name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Home telephone ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Telephone ( ) \_\_\_\_\_

Alumnus/a  Deceased  
Name of parent or guardian:  
 Dr.  Mr.  Mrs.  Ms.  Other (please specify)

\_\_\_\_\_  
First Middle/Maiden Last

Preferred name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Home telephone ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Telephone ( ) \_\_\_\_\_

Alumnus/a  Deceased  
Name of parent or guardian:  
 Dr.  Mr.  Mrs.  Ms.  Other (please specify)

\_\_\_\_\_  
First Middle/Maiden Last

Preferred name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Home telephone ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Telephone ( ) \_\_\_\_\_

Alumnus/a  Deceased  
Name of parent or guardian:  
 Dr.  Mr.  Mrs.  Ms.  Other (please specify)

\_\_\_\_\_  
First Middle/Maiden Last

Preferred name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Home address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Home telephone ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP Code

Telephone ( ) \_\_\_\_\_

Please list names of applicant's brothers and sisters, their ages, schools/colleges they now attend, and their grades/years in school (attach additional paper if necessary).

Name	Age	School	Grade/Year
Name	Age	School	Grade/Year
Name	Age	School	Grade/Year

If the applicant has any relatives who have graduated from Westminster Christian Academy, or if any relatives currently attend, please list their names (include maiden names where applicable), relationship to applicant, and the years they attended.

Name	Relationship to applicant	Years attended
Name	Relationship to applicant	Years attended

How did you learn about Westminster Christian Academy?

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Why do you want the applicant to attend Westminster Christian Academy?

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Is it your intention for the applicant to graduate from Westminster Christian Academy?  Yes  No If not, please explain:

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Has the applicant, to your knowledge, used any type of drugs, alcohol, or tobacco, or has he/she ever been in any type of trouble with the law?  Yes  No If yes, please explain. Attach additional paper if necessary.

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If there are circumstances that have affected or may affect the applicant's academic performance, participation in athletics, or attendance in school, please describe (e.g. frequent moves/change of school, separation/loss of a significant person in the family, disciplinary action, illness, learning difference, skipping or repeating a grade).

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Has the applicant ever been suspended, dismissed, requested to withdraw or otherwise disciplined for any reason?  Yes  No  
If yes, please state the nature of the action taken and describe the circumstances relating to the action. Please provide the names of the teachers or administrators involved. Attach additional paper if necessary.

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Is there anything about the sequence of the applicant's schooling we should know? \_\_\_\_\_

Has the applicant participated in any special learning programs (gifted, resource, SNAP, Special School District)?  Yes  No

If yes, please specify: \_\_\_\_\_

Where do you anticipate the applicant will attend college? \_\_\_\_\_

Our mission is to honor Jesus Christ by providing students with an excellent education, rooted in a biblical worldview, as interpreted by the Westminster Confession of Faith, for the children of Christian parents. At the heart of this mission is an essential partnership between the school, the home, and a local church.

In the space below, we ask one parent/guardian to describe his/her personal relationship by faith to Jesus Christ?

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Westminster Christian Academy derives its name from the collection of advice on matters of Christian faith and standards of doctrine completed in 1646 by an assembly of church leaders meeting in Westminster Abbey in London, England. Since this time, the Westminster Confession of Faith has been adopted by various churches around the world as their standard of doctrine, subordinate to the Bible. The Confession is foundational to many churches in the Reformed tradition of Christian faith, particularly the Presbyterian Church in America. In 1976, our school was founded in this historic Christian tradition.

- We believe the Bible is the written word of God, inspired by the Holy Spirit and without error in the original manuscripts. The Bible is the revelation of God's truth and is infallible and authoritative in all matters of faith and practice.
- We believe in the Holy Trinity. There is one God, who exists eternally in three persons: the Father, the Son, and the Holy Spirit.
- We believe that all people are sinners and totally unable to save themselves from God's displeasure, except by His mercy.
- We believe that salvation is a gift given by God alone, based on His grace, not on any human individual merit, or foreseen faith.
- We believe that Jesus Christ is the eternal Son of God, who through His perfect life and sacrificial death atoned for the sins of all who will trust in Him, alone, for salvation.
- We believe that the Holy Spirit indwells God's people and gives them the strength and wisdom to trust Christ and follow Him.
- We believe that Jesus will return, bodily and visibly, to judge all mankind and to receive His people to Himself.
- We believe that all of our lives are to be lived to the glory of God under the Lordship of Jesus Christ.

The Westminster Christian Academy school community welcomes families from a variety of Christian denominations and represents more than 200 different local churches.

My signature below indicates my understanding and consent to the following:

- I understand that my child will be taught all academic subjects through the lens of a Christian worldview and nurtured in the Reformed tradition of the historic Christian faith and the character that flows from faith. I will support the school in its endeavors and do my best to guide my child/ren's growth in faith.
- I have read and/or consent to the bylaws of Westminster Christian Academy and its Philosophy of Education.
- I will support the school and its policies concerning dress, conduct, and all other matters outlined in the Student/Parent Handbook.

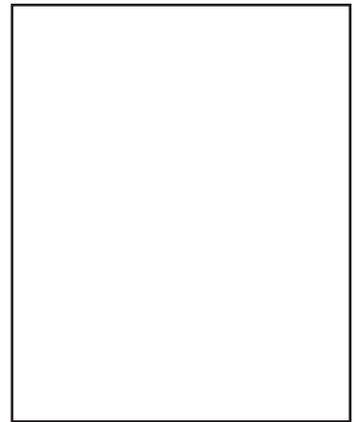
I hereby state that the information contained herein is true and complete I have not knowingly omitted any pertinent information regarding my child/ren's academic medical or behavioral history.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



**WESTMINSTER**  
CHRISTIAN ACADEMY



Photo

**Admission Application – Section B (Student)**

*This section is to be completed by the applicant. Please print.*

Print full name \_\_\_\_\_

Preferred name \_\_\_\_\_  Female  Male Applying to grade \_\_\_\_\_

Name of current school \_\_\_\_\_

Number of students in current class \_\_\_\_\_

Please write about your involvement in any of the activities listed below, being as specific as possible. Although you are not expected to be involved in all of the areas listed, we want you to have the opportunity to write about those in which you have taken an active interest.

Visual Arts \_\_\_\_\_

\_\_\_\_\_

Athletics \_\_\_\_\_

\_\_\_\_\_

Community Service/Family Responsibilities \_\_\_\_\_

\_\_\_\_\_

Drama/Literature/Music \_\_\_\_\_

\_\_\_\_\_

Math/Science \_\_\_\_\_

\_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

Other Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you an active member of a church?  Yes  No Name of church: \_\_\_\_\_

Describe areas of interest and/or involvement in church: \_\_\_\_\_

Do you consider yourself to be a Christian?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In a paragraph, please explain why you desire to be a student at Westminster Christian Academy.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you understand that every entering student's academic program and citizenship will be reviewed at the end of one semester?

Yes  No

Signature

Date



# WESTMINSTER

CHRISTIAN ACADEMY

## Transcript Release Form – Section C

*Parents: Please complete and give this form to your child's current school. Records must be sent directly from the school.*

I/We authorize the following information regarding my/our child to be released to Westminster Christian Academy.

- Grades from the past two school years and the current school year
- Aptitude and achievement test scores
- Interpretation of grading scales
- Psychological and special needs testing results
- Attendance and disciplinary records
- Immunization and medical records
- Current teacher recommendation

If my/our child is accepted to attend Westminster Christian Academy, I/we authorize release of the full record when transfer occurs.

I/we authorize Westminster Christian Academy to contact schools and other sources to obtain information relative to my/our child's application. I/We will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made.

Applicant's full name \_\_\_\_\_

Applying for grade \_\_\_\_\_ Enrolling \_\_\_\_\_

Current school \_\_\_\_\_

School address \_\_\_\_\_

School phone (     ) \_\_\_\_\_

School fax (     ) \_\_\_\_\_

**Statement of Confidentiality:** It is the policy of Westminster Christian Academy that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to admission and placement decisions. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family.

Signature(s) of parent(s)/guardian(s):

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Note to transcribing school: Please include all of the seven documents listed above or any of the seven documents that apply to this student. Send documents to: Director of Admissions, Westminster Christian Academy, 800 Maryville Centre Drive, Town & Country, MO 63017. **Final transcripts due by June 15.**



# WESTMINSTER

CHRISTIAN ACADEMY

## Math Teacher Recommendation Form - Section D

*Parents: Please submit this form to your child's math teachers.*

*Teachers: Please keep a copy of this form and send the original directly to Director of Admissions, Westminster Christian Academy, 800 Maryville Centre Drive, Town & Country, MO 63017.*

*This section is to be completed by the applicant's parent.*

Applicant's full name \_\_\_\_\_  
First Middle Last

Applicant's current school \_\_\_\_\_ Current grade \_\_\_\_\_

*This section is to be completed by the teacher.*

The student named above, applying for admission to Westminster Christian Academy, is required to have this form on file before being considered for admission. Your prompt attention is appreciated. This evaluation and its contents will be used only in connection with the admission decision. If you wish to discuss this in person rather than complete this form, please check the box below, sign and return this form with your telephone number(s). A representative from the Admissions Office will contact you shortly.

I would like to discuss the applicant personally rather than complete this form. \_\_\_\_\_  
daytime phone

Name of person completing this form: \_\_\_\_\_

What courses did you teach the applicant? \_\_\_\_\_

Is this course designated as an honors or accelerated course?  Yes  No

I have known this student for \_\_\_\_\_ years \_\_\_\_\_

\_\_\_\_\_  
Signature Date

The questions that follow ask for your sense of this student's relationship within the school community; emotional and social growth; and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly growing, changing, and developing. The information you provide will be kept in strictest confidence and used only by the admissions committee.

What are the first words that come to mind when describing this student? \_\_\_\_\_

Briefly describe your course. It is especially helpful to know what text(s) are used and if the students are grouped by ability.

What math course would be most appropriate placement for the student for the next academic year? \_\_\_\_\_

Please comment on the parents' support of their child's learning and their cooperation with the school.

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Has the applicant ever been suspended, dismissed, requested to withdraw, or otherwise penalized or disciplined for any reason?

Yes  No If yes, dates suspended: from \_\_\_\_\_ to \_\_\_\_\_. Please state the nature of the action taken and describe the circumstances relating to the action. Please provide the names of the teachers or administrators involved. Attach additional paper if necessary.

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Please place check marks at the points that represent your evaluation of the student in comparison to other students in his/her age group whom you have taught.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average
Work ethic					
Ability to work in a group					
Ability to work independently					
Work habits					
Organizational skills					
Class preparation					
Self-confidence					
Sense of responsibility					
Honesty/integrity					
Conduct					
Consideration of others					
Knowledge of the basic skills					
Accuracy in the use of basic skills					
Problem solving ability					
Reasoning ability					
Understanding of and appreciation for the underlying ideas and concepts					
Effort/Determination					
Overall Performance					
Willingness to accept the challenge of the more difficult problems and exercises					
Command of mathematics when compared to other students whom you have taught					

If the student is relatively weak or strong in areas listed above, please elaborate. \_\_\_\_\_

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**WESTMINSTER**  
CHRISTIAN ACADEMY

English Teacher Recommendation Form – Section E

*Parents: Please submit this form to your child's English teachers.*

*Teachers: Please keep a copy of this form and send the original directly to Director of Admissions, Westminster Christian Academy, 800 Maryville Centre Drive, Town & Country, MO 63017.*

*This section is to be completed by the applicant's parent.*

Applicant's full name \_\_\_\_\_  
First Middle Last

Applicant's current school \_\_\_\_\_ Current grade \_\_\_\_\_

*This section is to be completed by the teacher.*

The student named above, applying for admission to Westminster Christian Academy, is required to have this form on file before being considered for admission. Your prompt attention is appreciated. This evaluation and its contents will be used only in connection with the admission decision. If you wish to discuss this in person rather than complete this form, please check the box below, sign and return this form with your telephone number(s). A representative from the Admissions Office will contact you shortly.

I would like to discuss the applicant personally rather than complete this form. \_\_\_\_\_  
daytime phone

Name of person completing this form: \_\_\_\_\_

What courses did you teach the applicant? \_\_\_\_\_

Is this course designated as an honors or accelerated course?  Yes  No

I have known this student for \_\_\_\_\_ years \_\_\_\_\_

\_\_\_\_\_  
Signature Date

The questions that follow ask for your sense of this student's relationship within the school community; emotional and social growth; and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly growing, changing, and developing. The information you provide will be kept in strictest confidence and used only by the admissions committee.

What are the first words that come to mind when describing this student? \_\_\_\_\_

\_\_\_\_\_

How accurately does the student understand what he/she needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In comparison with other students whom you have taught, please comment on strengths, weaknesses, learning style, health, behavior, or special needs of this student. Feel free to attach an additional sheet of paper, if necessary.

\_\_\_\_\_

\_\_\_\_\_

Please comment on the parents' support of their child's learning and their cooperation with the school.

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Does this school have a program for special needs students (gifted, learning disabled, etc.)?  Yes  No

If yes, is this student involved in a program?  Yes  No Name of program: \_\_\_\_\_

For how long has this student been involved? Years \_\_\_\_\_ Months \_\_\_\_\_

Has the applicant ever been suspended, dismissed, requested to withdraw or otherwise penalized or disciplined for any reason?

Yes  No If yes, dates suspended: from \_\_\_\_\_ to \_\_\_\_\_. Please state the nature of the action taken and describe the circumstances relating to the action. Please provide the names of the teachers or administrators involved. Attach additional paper if necessary.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his/her age group whom you have taught.

### PERSONAL QUALITIES

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average
Work ethic					
Maturity (relative to age)					
Self-confidence					
Emotional stability					
Sense of responsibility					
Honesty/Integrity					
Conduct					
Consideration of others					
Relationships with peers					
Relationships with adults					

### ACADEMIC QUALITIES

	One of the top few I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below Average
Motivation to learn					
Intellectual curiosity					
Organizational skills					
Work habits					
Sense of responsibility					
Creativity					
Effort/Determination					
Academic potential					
Academic achievement					
Class preparation					
Ability to work in a group					
Ability to work independently					



# WESTMINSTER

CHRISTIAN ACADEMY

## Pastor Letter of Reference Form – Section F

*Parents: Please submit this form to your pastor or the church leader who is most familiar with your family. Applicant should provide the person filing the reference with a stamped envelope addressed to the Director of Admissions.*

*This section is to be completed by the applicant's parent.*

Applicant's family name \_\_\_\_\_  
(Parent/Guardian) Last First Spouse

Address \_\_\_\_\_  
Street City State ZIP Code

Child/ren applying to Westminster \_\_\_\_\_  
Name Grade Name Grade

Dear Pastor:

The family named above, applying for admission to Westminster Christian Academy, is required to have this form on file before being considered for admission. Westminster Christian Academy honors Jesus Christ by providing an excellent education for the children of Christian parents. Westminster requires that at least one parent of each student be a professing Christian. We seek to work in concert with the home and local church to provide a unified worldview. Since we feel that church attendance and active participation in the local church are essential for a child's total education, we request that this form be completed by the family pastor as part of the admissions process.

Please complete this form to the best of your knowledge. Your prompt attention is appreciated. Submit the completed form to Westminster Christian Academy. This evaluation and its contents will be used only in connection with the admissions decision. All information will be kept confidential.

Name of person completing this form: \_\_\_\_\_

My relationship with this family:  Pastor  Associate Pastor  Youth Pastor  Other \_\_\_\_\_

How well do you know this family? \_\_\_\_\_ How long? \_\_\_\_\_

Is the family active in your church?  Yes  No If yes, please indicate activities: \_\_\_\_\_

Is at least one parent a professing Christian?  Yes  No Comments: \_\_\_\_\_

Are there any matters that you feel would be helpful to the school's administration in evaluating the family's application for admission to Westminster Christian Academy?

Does the family attend worship services?  Yes  No How often?  Occasionally  Once a month  Weekly





# WESTMINSTER

CHRISTIAN ACADEMY

## Application for Special Services – Section G (Parent)

*This section is to be completed by parent(s) or guardian(s) of the applicant. Please print.*

### APPLICANT INFORMATION

Applicant's name \_\_\_\_\_ Applying for grade \_\_\_\_\_ for term beginning \_\_\_\_\_

Name of parent(s)/guardian(s) \_\_\_\_\_

Home address \_\_\_\_\_

Home telephone (     ) \_\_\_\_\_ Parent's email \_\_\_\_\_

Current school \_\_\_\_\_

### DIAGNOSTIC INFORMATION

Diagnostic information is required. Please provide a current (within three years) educational, neurological, or medical report from the appropriate professional.

What is the applicant's diagnosis? \_\_\_\_\_

Please list all psycho-educational, behavioral, medical, and neurological evaluations beginning with the most current:

Test date \_\_\_\_\_ Name of evaluator \_\_\_\_\_ Diagnosis \_\_\_\_\_

Test date \_\_\_\_\_ Name of evaluator \_\_\_\_\_ Diagnosis \_\_\_\_\_

Test date \_\_\_\_\_ Name of evaluator \_\_\_\_\_ Diagnosis \_\_\_\_\_

### HISTORIC INFORMATION

1) What events or series of events caused you or your child's teacher to seek an evaluation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Briefly describe previous school experiences and services provided (SNAP, resource room, speech and language therapy, occupational therapy, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Briefly describe the applicant's progress since diagnosis. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT INFORMATION**

1) Describe your expectations for educational services provided at Westminster Christian Academy.

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2) How much time and what kind of parental attention does the applicant require at home in order to support learning?

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3) Tell us about your child. Describe strengths and challenges. What inhibits and what motivates your child?

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4) Does your child have other conditions that we should be aware of (OCD, Tourette’s Syndrome, depression, allergies, autistic spectrum, family trauma, etc.)?  Yes  No

If yes, please describe: \_\_\_\_\_

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Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Send application to:  
Director of Admissions  
Westminster Christian Academy  
800 Maryville Centre Drive  
Town & Country, MO 63017



# WESTMINSTER

CHRISTIAN ACADEMY

## Teacher Recommendation Form for Special Services – Section H

Parents: Please submit this form to the special education teacher who works most closely with your student.

Teacher: Please keep a copy of this form and send the original directly to Director of Admissions, Westminster Christian Academy, 800 Maryville Centre Drive, Town & Country, MO 63017.

This section is to be completed by applicant's parent.

Applicant's full name \_\_\_\_\_

Applicant's current school \_\_\_\_\_ Current grade \_\_\_\_\_

This section is to be completed by the teacher.

### HISTORY

How long have you worked with this student? \_\_\_\_\_

Student diagnosis: \_\_\_\_\_

Methods, strategies, and tools effective in working with this student: \_\_\_\_\_

\_\_\_\_\_

### SERVICES Please check any services/modifications this student has received during the past year:

\_\_\_\_\_ Occupational Therapy      \_\_\_\_\_ Self-contained Instruction      Other \_\_\_\_\_

\_\_\_\_\_ Physical Therapy      \_\_\_\_\_ Tutoring      \_\_\_\_\_ Resource Assistance

\_\_\_\_\_ English as a Second Language      \_\_\_\_\_ Speech/Language Therapy      \_\_\_\_\_ SNAP

\_\_\_\_\_ Special Reading Program (indicate program): \_\_\_\_\_

### MODIFICATIONS/ACCOMMODATIONS Please check all that apply:

\_\_\_\_\_ Study guides for tests      \_\_\_\_\_ Books on tape      Alternative projects/assessments - Specify

\_\_\_\_\_ Modified tests      \_\_\_\_\_ Reduced homework      \_\_\_\_\_

\_\_\_\_\_ Modified spelling      \_\_\_\_\_ Altered due dates      Assistive technology - Specify

\_\_\_\_\_ Word banks on tests      \_\_\_\_\_ Dictation on tests/homework      \_\_\_\_\_

\_\_\_\_\_ Modified Bible memory      \_\_\_\_\_ Laptop computer      Other - Specify

\_\_\_\_\_ Adapted texts      \_\_\_\_\_ Extended time for tests      \_\_\_\_\_

### SOCIAL On a scale of 1-5 (1 being a weakness and 5 being a strength), please rate this student in the following areas:

\_\_\_\_\_ Impulse control      \_\_\_\_\_ Self-control of emotions      \_\_\_\_\_ Ability to accept criticism

\_\_\_\_\_ Relationship with peers      \_\_\_\_\_ Ability to self-advocate      \_\_\_\_\_ Shows concern for others

\_\_\_\_\_ Self-image

Additional comments on student's social skills: \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC** On a scale of 1-5 (1 being a weakness and 5 being a strength), please rate this student in the following areas:

- |   |                                     |
|---|-------------------------------------|
| _____ Reading comprehension   | _____ Communication skills (verbal) |
| _____ Basic reading (decoding) skills   | _____ Language processing           |
| _____ Test-taking skills  | _____ Processing speed              |
| _____ Written expression (writing in sentence form, using topic sentences for paragraphs) |                                     |
| _____ Ability to focus on presented material  | _____ Academic self-motivation      |
| _____ Homework/assignment completion  | _____ Ability to work independently |
| _____ Ability to self-advocate  | _____ Ability to work in a group    |
| _____ Study skills  | _____ Gross motor skills            |
| _____ Time management skills  | _____ Handwriting                   |
| _____ Assignment book maintenance   | _____ Organization of materials     |
| _____ Math computation (computing numbers without a calculator)                           | _____ Success in meeting due dates  |
| _____ Math reasoning (word problems, problem solving, etc.)                               |                                     |

Additional comments on student's academic needs: \_\_\_\_\_

**CURRENT LEVEL OF PERFORMANCE** Please indicate the current level of functioning and materials for the following:

	<u>Grade Level</u>	<u>Curriculum Used</u>
Reading Comprehension	_____	_____
Reading Decoding	_____	_____
Math	_____	_____
Language Arts	_____	_____

**GENERAL QUESTIONS** Please attach additional paper if needed.

Please describe your perception of the parents' role in this child's academic endeavors. \_\_\_\_\_

What would you say are this child's strengths? \_\_\_\_\_

Weaknesses? \_\_\_\_\_

How well does this child understand his/her diagnosis(es)? \_\_\_\_\_

If this child did NOT receive Special Services, how well would he/she function? \_\_\_\_\_

What further information would help Westminster Christian Academy to best serve this student? \_\_\_\_\_

Your name \_\_\_\_\_ Your signature \_\_\_\_\_

Your position title \_\_\_\_\_ Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Thank you for your help in informing us about this applicant. You are a great resource to Westminster's teachers and counselors.

Send completed form to:  
Director of Admissions, Westminster Christian Academy  
800 Maryville Centre Drive, Town & Country, MO 63017



