

# AUXILIARY STUDIES PROGRAM AND TESTING APPLICATION

Santa Margarita Catholic High School  
22062 Antonio Parkway, Rancho Santa Margarita CA 92688  
949-766-6085 tel • 949-766-6098 fax



Please complete this form carefully and as accurately as possible.  
The information requested will be used to determine how to best meet your son/daughter's educational needs. All information will be kept **STRICTLY CONFIDENTIAL**.

STUDENT NAME \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SEX: ☐ F ☐ M 2020-2021 GRADE LEVEL: \_\_\_\_\_

HOMEADDRESS: \_\_\_\_\_

TEL.NO: \_\_\_\_\_ Email Address \_\_\_\_\_

CURRENT SMCHS STUDENT? ☐ YES ☐ NO If not, current school: \_\_\_\_\_

## I. DEVELOPMENTAL HISTORY

1. Length of pregnancy: \_\_\_\_\_
2. Any complications during pregnancy? ☐ No ☐ Yes \_\_\_\_\_
3. Any complications during childbirth? ☐ No ☐ Yes \_\_\_\_\_
4. Early developmental milestones, i.e., walking, talking, toilet training \_\_\_\_\_
5. Allergies: \_\_\_\_\_
6. Medications: \_\_\_\_\_
7. Falls or injuries? ☐ No ☐ Yes (Please describe) \_\_\_\_\_
8. Traumatic experience(s): \_\_\_\_\_
9. Any excessively high fevers: \_\_\_\_\_
10. Sleep disturbances: \_\_\_\_\_ Eating disturbances: \_\_\_\_\_

## II. EDUCATIONAL HISTORY

1. Nursery school experience: \_\_\_\_\_
2. Kindergarten experience \_\_\_\_\_
3. First through Sixth grades: \_\_\_\_\_
4. Subjects that presented the most difficulty: \_\_\_\_\_
5. Subjects that presented the least difficulty \_\_\_\_\_
6. Has your child ever been retained a grade? ☐ NO ☐ YES What grade? \_\_\_\_\_
7. Has your child ever been assessed for a learning disability? ☐ NO ☐ YES  
Date of testing: \_\_\_\_\_ Test administered by: \_\_\_\_\_  
Tests given: \_\_\_\_\_

Please attach all written documentation or recent IEP which details standardized scores for each test.

8. Has your child ever received special education services? ☐ NO ☐ YES  
Please specify if: ☐ Special day classes learning handicapped ☐ Resource Specialist Program ☐ Other \_\_\_\_\_
9. Has your child participated in a supplemental program? ☐ NO ☐ YES

If yes, which program:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Reading Lab                 | Grade(s): _____                     |
| <input type="checkbox"/> Math Lab                    | Grade(s): _____                     |
| <input type="checkbox"/> Speech and Language Therapy | Grade(s): _____                     |
| <input type="checkbox"/> Reading Program             | Grade(s): _____ Specify Type: _____ |
| <input type="checkbox"/> Private Tutors              | Grade(s): _____ Subject(s): _____   |

10. Please identify your child's learning difficulties from a parental viewpoint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. HEALTH SUMMARY

Date of last medical examination: \_\_\_\_\_

1. Is your child under medical care: ☐ NO ☐ YES  
Physician's Name: \_\_\_\_\_ Reason: \_\_\_\_\_
2. Is your child currently taking any medication? ☐ NO ☐ YES  
Name of medication: \_\_\_\_\_ Reason: \_\_\_\_\_
3. List all current medical problems: \_\_\_\_\_
4. List all past medical problems: \_\_\_\_\_
5. Does your child wear glasses? ☐ NO ☐ YES  
Vision: \_\_\_\_\_ Date of last vision examination: \_\_\_\_\_
6. Has your child ever had hearing problems or ear infections? ☐ NO ☐ YES  
Please explain \_\_\_\_\_ Date of last audiological examination: \_\_\_\_\_
7. Childhood illnesses: \_\_\_\_\_

### IV. BEHAVIORAL/EMOTIONAL

1. Is your child currently seeing a counselor/psychologist? ☐ NO ☐ YES  
Name: \_\_\_\_\_ Reason: \_\_\_\_\_
2. Has your child previously seen a counselor/psychologist? ☐ NO ☐ YES  
Dates: \_\_\_\_\_ Name: \_\_\_\_\_
3. Previous psychological evaluations or treatments: \_\_\_\_\_
4. Any previous psychiatric hospitalizations: \_\_\_\_\_
5. Has your child ever been tested because of behavioral or emotional concerns? ☐ NO ☐ YES  
Date: \_\_\_\_\_ Name of Examiner: \_\_\_\_\_
6. Please check all the items that are areas of concern:

<input type="checkbox"/> Motivation	<input type="checkbox"/> Oppositional/Argumentative
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Overly sensitive
<input type="checkbox"/> Refusal to go to school	<input type="checkbox"/> Depression
<input type="checkbox"/> Poor school attendance	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Responsibility
<input type="checkbox"/> Dressing for physical education	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Completion of homework	<input type="checkbox"/> Drugs
<input type="checkbox"/> Bringing work to school	<input type="checkbox"/> Peer group
<input type="checkbox"/> Care of possessions	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Classroom Behavior	<input type="checkbox"/> Eating habits
<input type="checkbox"/> Test taking	<input type="checkbox"/> Sleep patterns
7. Other behavioral concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. SOCIAL HISTORY**

1. Groups or organizations: \_\_\_\_\_
2. Hobbies or interests: \_\_\_\_\_
3. Quality of relationship with siblings: \_\_\_\_\_
4. Social involvement as perceived by parent: \_\_\_\_\_

**VI. OTHER COMMENTS/IMPORTANT INFORMATION NOT OTHERWISE COVERED ABOVE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*If your student has not had prior testing within the last three years, a battery of psychoeducational tests will need to be administered to determine whether he/she is eligible to receive services, and the level of those services. If your student has had prior testing, please attach a copy to this application. It will help us determine what tests need to be administered. (Please see attached list of acceptable psychological tests.)*

**PSYCHO-EDUCATIONAL ASSESSMENT FEE:**

**\$1,500.00** (We are unable to schedule testing without this fee.  
Fee subject to change depending on testing provided.)

**If it is recommended that your student participate in the Auxiliary Studies Program, an additional online program registration is required. Please note that there will be an annual ASP tuition fee for your student to participate.**

**TUITION FOR ASP - School Year 2020-2021**

**\$3,300.00** (Annual Tuition fees subject to change.)

PARENT/GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_ Please keep a copy of this application and any attachments for your records.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

DATE: \_\_\_\_\_

I hereby authorize the release of information in the record(s) of \_\_\_\_\_ between the SMCHS Auxiliary Studies Program Team, SMCHS counselors, deans and \_\_\_\_\_.

I further authorize the SMCHS Auxiliary Studies Program Team to discuss information pertinent to me and my treatment with the above named individual(s) in whatever reasonable manner is necessary to gather information that may be useful in providing services as part of the Auxiliary Studies Program.

Specific information to be released includes: \_\_\_\_\_

I have discussed with the SMCHS Auxiliary Studies Program Team the issues concerning this consent and the privacy and confidentiality of this information (such as possibilities of uncontrolled re-disclosure or misuse of the information). I understand that I have the right to inspect and copy any information authorized for release by me. I also have the right to revoke consent to future disclosure by indicating so in writing at any time.

\_\_\_\_\_  
Client, Parent or Legal Guardian

\_\_\_\_\_  
Witness

## Testing Disclaimer

Santa Margarita Catholic High School offers comprehensive and responsive diagnostic and psychoeducational evaluations through the Auxiliary Studies Program. This assessment forms the basis for eligibility and qualification for special services and/or remediation programs at Santa Margarita.

We strive to only make a recommendation or consider requests for psychoeducational assessments after thoroughly reviewing student records, prior testing, transcripts, teacher/counselor/parent input, etc. Nonetheless, we will always be sensitive to parent needs and wishes and will make exceptions to the assessment policy on a case-by-case basis.

We would like you to be aware of the following:

- There may be occasions when the psychoeducational assessment may not present a diagnosis of a disabling condition.
- The psychoeducational assessment may not determine your student to be eligible for special services, for ASP, or for special accommodations at Santa Margarita.
- It is possible that even with the presence of a disabling condition and/or a diagnosis of an attention deficit, learning disability or emotional intrusion diagnosis, your student's application to receive special accommodations on PSAT, ACT, SAT, AP and IB tests and examinations may not be approved. Those decisions are made by College Board and/or ACT at their own discretion.

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Parent Name

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Date

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Parent Signature

## **ASP TESTING PROCESS**

### **PHASE 1**

**A standard battery will be administered which will consist of 6 basic tests ranging from 4-6 hours usually scheduled over two school days. This will include an interview with the student that will collect his/her personal history.**

Wechsler Intelligence Scale for Children (WISC-V) or the Wechsler Adult Intelligence Scale (WAIS-IV)  
Wechsler Individual Achievement Test-III (WIAT-III)  
Conners Auditory Test of Attention (CATA)  
Conners Continuous Performance Test, Third Edition (CPT-3)  
Stroop Color and Word Test (Stroop)  
Nelson Denny Reading Test (Nelson-Denny)  
Attention Deficit Hyperactivity Disorder Test, Second Edition (ADHDT-2)  
Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2)

### **PHASE 2**

**If it has been determined that further testing is necessary, any or all of the following may be administered at no additional charge. The following educational supplemental tests can range from 15 minutes to about two hours depending on what tests are deemed necessary. These tests measure central language processing, auditory conceptualization, cognitive functioning, reading skills and vocabulary development.**

Cognitive Assessment System, Second Edition (CAS-2)  
Lindamood Bell Auditory Conceptualization Test, Third Edition (LAC-3)  
Comprehensive Test of Phonological Processing, Second Edition (CTOPP-2)  
Wide Range Assessment of Memory and Learning, Second Edition (WRAML-2)  
Test of Auditory Processing Skills, Third Edition (TAPS-3)  
Test of Visual-Perceptual Skills, Third Edition (TVPS-3)  
Gray Oral Reading Test, Fifth Edition (GORT-5)

**The following psychological/emotional functioning tests can range from 90 minutes to approximately 3 hours.**

Minnesota Multiphasic Personality Inventory (MMPI)  
Behavior Assessment for Children, Third Edition (BASC-3)

### **PHASE 3**

**Testing Meeting with Dr. Blake Oldfield, Mary Manese and the student's SMCHS Academic Counselor, when available, to discuss test results and recommendations.**

### **PHASE 4**

**A report will be generated as promptly as possible, however, please be advised that due to the volume and extreme attention necessary in this process, we cannot always guarantee a specific date.**

### **PHASE 5**

**Your counselor will be available to assist you in accessing any of the recommendations discussed, including communicating and meeting with your student and/or student's teachers.**

**If your student has been recommended to participate in the Auxiliary Studies Program, please note that there are annual tuition fees for ASP participation. ASP Registration can be completed through the School Admin section of the SMCHS website. Subsequent parent meetings will be scheduled as necessary.**