



RIVERSIDE SCHOOL

The **Little** school that makes a **Big** difference!

ADMISSION APPLICATION CHECKLIST

- School Records – Attach copies of report cards and progress reports for the last two marking periods. Include scores of standardized achievement tests given at school if available.
- Current Individual Educational Plan, if the student has an IEP.
- Give your child's current teacher the Teacher Evaluation Form and ask him/her to complete it and mail directly to the school. If other teacher references are available, please include them.
- Cognitive Testing administered in the last two years.
 - Wechsler Intelligence Scale for Children IV (WISC-IV). If child is very young, a Wechsler Preschool and Primary Scale of Intelligence (WPPSI) may be given.
or
 - Woodcock-Johnson Tests of Cognitive Ability Report should include overall cognitive ability as well as subtest scores and narrative written by tester.
- Standardized Achievement Testing (usually administered at time of Cognitive Testing)
 - Wechsler Individual Achievement Test (WIAT II)
or
 - Woodcock-Johnson III Tests of Achievement
- Any other diagnostic evaluation reports prepared within the last three years.
May include scores of other testing given at the time of cognitive testing, or may be individual speech/language testing, neuropsychological testing, occupational therapy testing, or testing in any other area that impacts a child's ability to learn.
- Complete and return Parents Perceptions/Evaluation Form.
- Complete and return Release Form Information.
- Complete and send copies of the Release of Information Form to current school of attendance and other applicable service providers (speech & language therapist, psychologist, occupational therapist, physicians, etc.).
- Copy of Medical Health Record and Immunization Record.
- Submit completed application with attached assessments and the application fee of \$100 (check made payable to Riverside School).
- Student's photograph (optional).

Where should financial correspondence be sent?

Mother Father Both

Other _____
Name, Address

Please check if appropriate:

Father is deceased Parents divorced Father remarried

Name of Stepmother _____

Mother is deceased Parents separated Mother remarried

Name of Stepfather _____

If parents are separated or divorced,
who has legal custody of the applicant? _____

who has physical custody of the applicant? _____

Siblings: Name, Date of Birth, Current School

Please list any family members who have had difficulty with reading, spelling, writing or arithmetic _____

Relatives who attended Riverside School _____

Relation _____ Date _____

EDUCATIONAL INFORMATION

Current School Address _____

Current Teacher _____ Telephone _____

May we contact him/her? Yes No

Schools previously attended _____

Has your child ever repeated a grade? Yes No

For what reason? _____

Is your child receiving tutoring? Yes No

Where? _____ Telephone _____

Is your child currently on an Individual Education Plan? Yes No

Will you be applying for financial aid if admitted? Yes No

Where did you hear of Riverside School? _____

Has your child attended Riverside's summer program or tutorials? Yes No

If yes, when? _____ Additional comments _____

CLINICAL INFORMATION

Has your child ever had an evaluation completed and/or received support services from any of the following? *(Please check and complete all areas that are applicable.)*

_____ **Psychological Counseling**

What diagnosis has been given? _____

Name of any medications associated with diagnosis: _____

_____ Prescribing Doctor's name, address, phone number

Please provide the purpose of counseling sessions, names, addresses, and phone numbers of counselors and dates of services.

Please describe any behavioral difficulties encountered in school settings with peers or at home.

_____ **Psychological/Cognitive Testing**

The WISC-IV, WPPSI, and/or Woodcock-Johnson Tests of Cognitive Ability must be submitted with the admissions application. Test(s) need to be current, no more than two years old.

_____ Evaluator's name, address, phone number

_____ **Standardized Achievement Testing**

_____ Evaluator's name, address, phone number

_____ **Motor Occupational Evaluation**

_____ Evaluator's name, address, phone number

_____ **Occupational Therapy**

Please provide the purpose of Occupational therapy sessions, name, address, and phone number of the therapist and dates of services.

_____ **Speech & Language Evaluation**

Evaluator's name, address, phone number

_____ **Speech & Language Therapy**

Please provide the purpose of Speech & Language therapy sessions, name, address, and phone number of the therapist and dates of services.

_____ **Auditory Processing Evaluation**

Evaluator's name, address, phone number

Please submit the most recent copies of all the clinical evaluations with the completed application.

MEDICAL INFORMATION

Child's Physician _____ Telephone _____

Please list any medical conditions: _____

_____ Child's Height _____ Weight _____

Is your child receiving any medications? Medicine, Purpose, Dosage, Date started

Who prescribed the medication? _____

Does your child wear eye glasses for reading? Yes No

Does your child wear a hearing aid? Yes No

Adopted? Yes No If yes, at what age _____

Were there any difficulties during pregnancy, labor or birth of the child? Please explain _____

Dietary sensitivity? Yes No What foods? _____

Allergy treatments? Yes No For what? _____

Treatment for neurological trauma? Yes No Date of trauma _____

Describe _____



Current Teacher Evaluation Form

Parents: Please give this form to your child's current teacher and have them return the form directly to:
Riverside School, 2110 McRae Road, Richmond, VA 23235.

Dear Teacher:

_____ is applying to Riverside School, a private, non-profit school for children in grades K-8 with specific language learning difficulties, such as dyslexia. The information requested below will be very helpful in determining if our program can meet the needs of this child. All information will be held in the strictest confidence.

Please contact Riverside's Admissions Coordinator, Carolyn Webb, with questions (320-3465).

Teacher's Name _____ School _____

Telephone Number _____

How long have you known this student? Years _____ Months _____

In describing this student, what are the first few words that come to your mind?

In what area(s) does the student experience academic success and frustration? **Please be specific.**

Reading

	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Decoding					
Reading Fluency					
Reading Comprehension					

Writing

	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Handwriting					
Spelling					
Creative Writing					

Math

Calculation/Operations	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Whole Numbers					
Decimal Numbers					
Fractions					
Fact Fluency					
Concepts					
Number Sense					
Geometry					
Measurement					
Algebra/Patterns					
Data Analysis/Statistics/Probability					

Please comment on student's overall academic performance:

Social/Behavioral

	Independent	Needs Minimal Support	Needs Moderate Support	Dependent on Teacher	N/A
Interacts well with teachers					
Interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

Please comment on student's overall daily social/behavioral interactions.

Signature _____ Date _____

Mail directly to: Riverside School • 2110 McRae Road • Richmond, VA 23235

Parent Perceptions/Evaluation Form

Application's Name _____

The following questions will help us to further expand our profile of each applicant. Please feel free to use this space, or submit your answers on a separate sheet.

1. Write a brief description of your child. _____

2. What hobbies, sports, or other activities does your child engage in during free time?

3. Describe your child's relationships with peers. Please include the ages and types of activities shared with others. _____

4. How does your child handle frustration and conflict? Please describe an example.

5. What are your child's responsibilities at home? _____

6. How does your child handle homework? _____

7. Have there been any traumatic events in your child's life? _____

8. What do you see as your child's greatest strengths? _____

9. What area(s) challenge your child? _____

10. How do you see your child benefiting from attending Riverside School? _____



**2110 McRae Road
Richmond, VA 23235
(804) 320-3465**

RELEASE OF INFORMATION FORM

Applicant Name _____ Date _____

In order to expedite the application process, it would help us to know the names and addresses of the persons and/or schools to whom you forwarded the Release of Information forms that accompany the Riverside School application.

We request that the forms be sent to all persons or institutions who have any information concerning your child (e.g. the physician, psychologist, speech and language therapist, etc.). NOTE: It is the responsibility of the parents to obtain these reports. **Submission of the application constitutes permission for Riverside School to contact any of the below listed individuals or schools regarding your child.**

PERSON/SCHOOL

School _____

Address _____

Telephone (_____) _____

Physician _____

Address _____

Telephone (_____) _____

Counselor/Therapist _____

Address _____

Telephone (_____) _____

Speech & Language Therapist _____

Address _____

Telephone (_____) _____

Other _____

Address _____

Telephone (_____) _____

Date

Parent/Guardian Signature

**Make copies of form and forward to all applicable service providers.*

Release of Information

REQUEST FOR RELEASE OF STUDENT RECORDS

To the Parent: Please complete and forward this "Release of Student Records" to the current school of attendance and other applicable service providers (speech & language therapist, psychologist, occupational therapist, physician, etc.)

STUDENT'S NAME: _____
Last First Middle

Current Grade: _____ Date of Birth: _____

I hereby authorize _____ to release all applicable
Current School/Service Provider
records pertaining to the above-named student which may include the

following:

- * Academic Records (Report Cards, Transcript & Standardized Test Results)
- * Immunization and Health Records
- * Attendance Records
- * Disciplinary Records
- * Individualized Educational Plan
- * Psychological Records (School and Family)
- * Sociological Records (School and Family)
- * Progress Reports
- * Evaluations

Date

Parent/Guardian Signature

Please return to:

Riverside School
Admissions
2110 McRae Road
Richmond, VA 23235

(804) 320-3465 Fax (804) 320-6146



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