

Pittsburgh New Church School Multi-Sensory Institute



Application for Admission

Bringing joy back into learning

Educating students with language-based learning disabilities.

www.pittsburghnewchurchschool.org

Welcome to the Admission Process

Please read the following guidelines before filling out the application.

Applications will be reviewed by the Admission Committee when **all required documentation** has been received. You will be notified when documentation is outstanding and/or when the application is complete and has been submitted for review. The review process is typically completed within 2-4 weeks.

Applicants viewed as likely to benefit from PNCS's programs are scheduled for a half-day of required testing, staff interview, and a campus tour.

To visit the school prior to applying, please visit our website for upcoming informational open house visits at pittsburghnewchurchschool.org or call 412-731-0122 to arrange an appointment.

When submitting application and documentation via mail:

All documentation must be collated and stapled. Please send copies only, not originals, to:

Pittsburgh New Church School
Admissions
299 Le Roi Road
Pittsburgh, PA 15208

When submitting application and documentation via email:

We are able to accept applications and supporting documentation by email only if they are sent to admissions@pittsburghnewchurchschool.org with as few attachments as possible (i.e.: all items scanned as one single attachment, rather than multiple individual attachments).

Application Checklist

- ✓ Complete and return application.
- ✓ Provide all diagnostic testing completed within the past 3 years (see Diagnostic Testing Requirements, p. 3).
- ✓ Provide copies of official school records from the past 2 years to include: report cards, transcript, IEP/504, and progress reports if applicable.
- ✓ Give forms to service providers (i.e.: teachers, physicians).

Diagnostic Testing Requirements

In order to consider your child's application, PNCS/MSI requires a full narrative report that indicates the presence of a language-based learning disability. This evaluation must have been administered **within the past three years**. The following measures are **required**:

I. Cognitive Assessment: Wechsler IQ Scales

Full WISC-IV or WISC-V (Wechsler Intelligence Scale for Children)

Please note that WASI (Wechsler Abbreviated scale of Intelligence) is not acceptable as a substitute for WISC-IV or WISC-V.

To the Evaluator: All index scores as well as all subset scaled scores are required. PNCS/MSI requests the Digit Span subset to be reported as Digit Span *forward* and *backward*.

II. Academic Achievement Testing

WIAT III (Wechsler Individual Achievement Test)

or

Woodcock Johnson Tests of Achievement, version III or IV

or

other similar measures of academic achievement

III. Please include tests specifically for:

phonemic awareness, word recognition, word attack, automaticity, reading comprehension and vocabulary, and verbal and visual memory

IV. Assessment of Psycho-Social Functioning

BASC-2 (Behavioral Assessment Scale for Children)

or

CBCL (Child Behavior Checklist)

or

other similar measures of psycho-social functioning

Please note:

Any additional testing that has been administered within the past three years (such as speech and language or occupational therapy evaluations) must be submitted along with your application.

Thank you.

Application for Admissions Pittsburgh New Church School

Academic Year Application Yes No Starting Year of Interest: _____ - _____

Date of Application _____ Applying for Grade _____ Current Grade _____

Applicant's Legal Name _____ (_____)
First Middle Last Preferred Name

Address _____
No./Street City/Town State Zip

Home Phone _____ Applicant's Gender _____ Current Age _____

Date of Birth _____ Country of Citizenship _____ Country of Birth _____

Primary Language, if other than English _____

To ensure that all documents relating to your student's application are paired with the correct file, please be sure that their full, proper name is written on each page of the enclosed forms

PARENT/GUARDIAN INFORMATION for _____ (full name of applicant)

Primary Parent/Guardian

Name _____
Mr./Mrs./Ms./Dr. First MI Last

Preferred Name _____

Relationship to Applicant

Check if deceased Date _____

Date of Birth _____

Home Address (if different from Applicant)

Phone _____ Cell _____

Primary Email _____

School/College _____ Degree _____

Employer _____
Name of Company Type of Industry

Your Position/Title Business Phone

Business Address (Street, City, State, Zip, Country)

Name _____
Mr./Mrs./Ms./Dr. First MI Last

Preferred Name _____

Relationship to Applicant

Check if deceased Date _____

Date of Birth _____

Home Address (if different from Applicant)

Phone _____ Cell _____

Primary Email _____

School/College _____ Degree _____

Employer _____
Name of Company Type of Industry

Your Position/Title Business Phone

Business Address (Street, City, State, Zip, Country)

Parents(s) are: Single Married Life Partners Divorced Separated Father Remarried Mother Remarried

Name(s) of Step-parent(s) _____

With whom does the applicant reside? _____

Legal guardian(s) _____

If parent(s) / guardian(s) are not living at the same address, do we have permission to communicate with both parents/guardians throughout the admission process? Yes No

If no, all correspondence will be directed to the primary contact as noted above.

Is the applicant adopted? Yes No Is the applicant aware of the adoption? Yes No

Names and ages of siblings: _____

SCHOOL INFORMATION for _____ (full name of applicant)

Please check all applicable columns below

Grade	Year	Please list all the schools that the applicant has attended from grade K to present	Public	Private	Day	Boarding	IEP	Private Tutor
K	-							
1	-							
2	-							
3	-							
4	-							
5	-							
6	-							
7	-							
8	-							

If student is not in school, please state reason: _____

Has the applicant ever been suspended or expelled from school?

If so, include school reports documenting the date(s) and reason(s) for disciplinary action(s).

Who referred you to PNCS, or how did you hear about our programs?

Name _____ Organization _____

Profession (e.g. diagnostician, consultant, advocate, physician, educator) _____

Address _____

Phone _____ Email _____

MEDICAL INFORMATION for _____ (full name of applicant)

Physician's Name _____ Phone _____

Please list all of your child's diagnoses (educational, psychological, medical). By whom and when?

Please medical conditions, if any.

Is your child currently receiving any medications(s)? Yes No

If yes, please list medication(s), start date(s), diagnoses, prescribing physicians, and describe condition(s) for which medication is being taken.

Has your child ever received psychological counseling or therapy, either in their school setting or privately? Yes No

If counseling services have been provided in the past two years, please have provider complete the Summary of Counseling form included in this packet.

Has your child ever been hospitalized for psychological reasons? Yes No

If you answered yes to either question, please complete the following:

Provider _____ Email _____

Phone _____ Date(s) _____

Reason(s) _____

TUITION PAYMENT INFORMATION for _____
(full name of applicant)

- Intend to pay tuition privately
- Intend to apply for financial aid

FINANCIAL AID

Pittsburgh New Church School utilizes the TADS service to analyze applications for financial aid.

Families can apply for financial aid by visiting <http://pittsburghnewchurchschool.org/tuition>

Inquiries about financial aid should be directed to:

Cynthia Glenn
admissions@pittsburghnewchurchschool.org
Pittsburgh New Church School
299 Le Roi Road
412-731-0122 x 107

RECORDS INFORMATION for _____(full name of applicant)

In order to expedite the application process,
please list the names of service providers whose information will be part of this application.

Diagnostic Tester _____ Phone _____

Email _____

Diagnostic Tester _____ Phone _____

Email _____

English Teacher _____ Phone _____

Email _____

Math Teacher _____ Phone _____

Email _____

Principal *or* Guidance Counselor _____ Phone _____

Email _____

Tutor _____ Phone _____

Email _____

Specialist _____ Phone _____

Email _____

Residential Advisor _____ Phone _____

Email _____

Therapist/Counselor (psychological counseling) _____ Phone _____

Email _____

Psychopharmacologist (re: medications) _____ Phone _____

Email _____

PARENT/GUARDIAN STATEMENT

For _____ Completed by _____ Date _____
Full name of Applicant *Name of Parent/Guardian*

Please answer the following questions so that we may have a parent/guardian perspective on the strengths and needs of your child. Feel free to attach additional sheets.

1. What are your child's chief strengths and interests? _____

2. What are your child's areas of greatest need? _____

3. How do you hope PNCS/MSI will help your child? _____

4. Please describe your child's level of independence in daily life with regard to personal hygiene, room maintenance, and household chores: _____

5. Are there additional areas of concern of which we should be aware?

Please continue on reverse side.

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name _____

Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example: books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well-behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed, or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Parent/Teacher/Other (please specify) _____

Thank you very much for your help © Robert Goodman, 2005

STUDENT STATEMENT

To be completed by all students (grades 1 through 8), and should be completed by the student in their own handwriting and in their own words.

Your full name _____ Date completed _____

1. What subjects do you like best in school? Please tell us why.

2. What part of school do you like least? Please tell up why.

3. What do you like to do in your free time? What are your favorite activities or hobbies?

4. How would you like PNCS/MSI to help you?

Please continue on reverse side.

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name _____

Date of Birth _____

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example: books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed, or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature _____ Today's Date _____

Thank you very much for your help © Robert Goodman, 2005

PERMISSION TO RELEASE INFORMATION
PERMISSION TO CONTACT

I am the parent/guardian of a child applying for admission to PNCS/MSI. I request that all pertinent information concerning my child's medical, psychological, and academic history be forwarded to the PNCS/MSI Admissions Office. These records include, but are not limited to, academic records, medical records, psychological evaluations, speech and language evaluations, and neuropsychological evaluations.

I give permission for PNCS to contact all service providers for any additional information.

Pittsburgh New Church School
Admissions Office
299 Le Roi Road
Pittsburgh, PA 15208
Phone: 412-731-0122

Applicant's full name _____

Date of Birth _____

Street Address _____

City/State/Zip Code _____

Phone _____

Signature of Parent or Guardian _____

Date _____

This release shall remain effective from the date above until such time as I revoke consent in writing or my child's enrollment at the Pittsburgh New Church School ceases.

ADMISSION POLICIES AGREEMENT

I hereby make application to the Pittsburgh New Church School Multi-Sensory Institute for the following student:

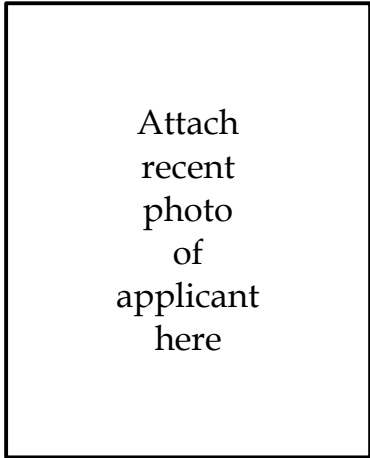
_____ (Full Name of Applicant)

If the applicant has experienced physical or mental health issues which have necessitated the use of medication or therapeutic intervention, it is of utmost importance that this be indicated and described at the time of application. This information will allow us to determine the applicant's needs more effectively. Withholding such information can only jeopardize the applicant's well-being and deter from the school's ability to handle any problems that may arise.

If it is determined that any critical information has been either intentionally or inadvertently withheld, PNCS/MSI reserves the right to withdraw a student's acceptance or terminate placement. Information pertinent to the student's application will be held in strictest confidence and will be destroyed in five years from its receipt if the child does not attend.

Parent or Guardian's Signature *Date*

Parent or Guardian's Signature *Date*



When submitting application and documentation via mail:

All documentation must be collated and stapled.
Please send copies only, not originals.
Application should be mailed to:

Pittsburgh New Church School
Admissions Office
299 Le Roi Road
Pittsburgh, PA 15208

When submitting application and documentation via email:

We are able to accept applications and supporting documentation by email only if they are sent to admissions@pittsburghnewchurchschool.org with as few attachments as possible (i.e. all items scanned as one single attachment, rather than multiple individual attachments).



The following application forms are to be completed by people who provide services directly to the applicant (i.e. teacher(s), counselor, primary care physician).

Choose forms that are applicable to your child.

If your child is elementary grade level, please have both English and math reference forms completed, even if your child has the same teacher for both subjects. Each reference contains important information.

Please write the applicant's name on top of each form and distribute them to the appropriate individuals for completion along with a stamped envelope addressed to:

Pittsburgh New Church School
Admissions Office
299 Le Roi Road
Pittsburgh, PA 15208

412-731-0122
admissions@pittsburghnewchurchschool.org

For questions regarding these forms, please contact our admissions department at 412-731-0122 or admissions@pittsburghnewchurchschool.org.



PRINCIPAL or SCHOOL GUIDANCE COUNSELOR REFERENCE

Full name of student/applicant _____ Date of birth _____

The student named above has made application to the Pittsburgh New Church School Multi-Sensory Institute, a school for students with language-based learning disabilities. You have been chosen by the parent/guardian/student to provide a reference for this student. Your comments will remain confidential and will not become part of the student record. Completion of this form does not sanction the student's application to PNCS/MSI.

1. How long have you known this student? _____

2. Is this student a positive and productive member of the school community? Yes No Please describe:

3. Does this student engage in appropriate social interactions with peers and teachers? Yes No
 Please describe:

4. Has this student had any problems with discipline, or been suspended? Yes No
 If yes, please describe:

5. Additional Comments _____

ACADEMIC TRAITS	Good	Average	Poor
Academic motivation			
Study habits			
Response to constructive criticism			
Assignment completion			
Responsibility			
Organization/Time Mgmt.			
Self-confidence			

Name of person completing this form: _____
Your position _____
School _____
Phone _____
Email _____
Date completed _____

Please continue on the reverse side.

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name _____

Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example: books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well-behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed, or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Parent/Teacher/Other (please specify) _____

Thank you very much for your help © Robert Goodman, 2005



ENGLISH TEACHER REFERENCE

Full name of student _____ Date of birth _____

The student named above has made application to the Pittsburgh New Church School Multi-Sensory Institute, a school for students with language-based learning disabilities. You have been chosen by the parent/guardian/student to provide a reference for this student. Your comments will remain confidential and will not become part of the student record. Completion of this form does not sanction the student's application to PNCS/MSI.

1. How long have you known this student? _____

2. What is this student's attitude toward learning and responsiveness to instruction?

3. Does this student engage in appropriate social interactions with peers? Yes No

Please describe:

4. Does this student have difficulty paying attention to academic work or sitting through class? Yes No

If yes, please describe:

5. Additional Comments _____

ACADEMIC TRAITS	Good	Average	Poor
Academic motivation			
Study habits			
Response to constructive criticism			
Assignment completion			
Responsibility			
Organization/Time Mgmt.			
Self-confidence			

Name of person completing this form: _____ Your position _____ School _____ Phone _____ Email _____ Date completed _____
--

Please continue on the reverse side.

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name _____

Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example: books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well-behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed, or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Parent/Teacher/Other (please specify) _____

Thank you very much for your help © Robert Goodman, 2005



MATH TEACHER REFERENCE

Full name of student _____ Date of birth _____

The student named above has made application to the Pittsburgh New Church School Multi-Sensory Institute, a school for students with language-based learning disabilities. You have been chosen by the parent/guardian/student to provide a reference for this student. Your comments will remain confidential and will not become part of the student record. Completion of this form does not sanction the student's application to PNCS/MSI.

1. How long have you known this student? _____

2. What is this student's attitude toward learning and responsiveness to instruction?

3. Does this student engage in appropriate social interactions with peers? Yes No Please describe:

4. Does this student have difficulty paying attention to academic work or sitting through class? Yes No
 If yes, please describe:

5. Has this student been working through grade level material or a modified program? Please describe:

6. Additional Comments _____

ACADEMIC TRAITS	Good	Average	Poor
Academic motivation			
Study habits			
Response to constructive criticism			
Assignment completion			
Responsibility			
Organization/Time Mgmt.			
Self-confidence			

Name of person completing this form:

Your position _____

School _____

Phone _____

Email _____

Date completed _____

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name _____

Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example: books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well-behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed, or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Parent/Teacher/Other (please specify) _____

Thank you very much for your help © Robert Goodman, 2005



TUTOR and/or SPECIALIST REFERENCE

Full name of student _____ Date of birth _____

The student named above has made application to the Pittsburgh New Church School Multi-Sensory Institute, a school for students with language-based learning disabilities. You have been chosen by the parent/guardian/student to provide a reference for this student. Your comments will remain confidential and will not become part of the student record. Completion of this form does not sanction the student's application to PNCS/MSI.

1. How long have you known this student? _____

2. What skills are you working on with this student?

3. What is the student's attitude towards learning and responsiveness to instruction?

4. Does this student have difficulty paying attention to academic work or sitting through tutorial session?

Yes No Please describe: _____

5. Additional Comments _____

ACADEMIC TRAITS	Good	Average	Poor
Academic motivation			
Study habits			
Response to constructive criticism			
Assignment completion			
Responsibility			
Organization/Time Mgmt.			
Self-confidence			

Name of person completing this form: _____
Your position _____
School _____
Phone _____
Email _____
Date completed _____

Please continue on the reverse side.

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name _____

Date of Birth _____

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example: books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well-behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed, or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees tasks through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Parent/Teacher/Other (please specify) _____

Thank you very much for your help © Robert Goodman, 2005



PRIMARY CARE PHYSICIAN REPORT

(Please note that this form is required as part of your Application for Admission, but does not replace the Physical Exam & Immunization Form that you would receive along with required Registration Forms if your child is accepted at the Pittsburgh New Church School.

Part A

Parent or Guardian: Please complete the following information in this box. Then forward this form to the applicant's primary care physician or pediatrician (they will complete part B of this form).

I hereby give permission to Dr. _____ to release medical information for my child/ward to the Pittsburgh New Church School for its professional use.

Full, legal name of applicant/student _____ Date of birth _____

Parent/guardian signature _____ Date _____

Part B

Physician: The parent/guardian of the above-named child has applied for admission to the Pittsburgh New Church School. We would appreciate any information about the child that you may be able to share with us. Please complete both sides of this form and return it to:

Pittsburgh New Church School
Admissions Office
299 Le Roi Road
Pittsburgh, PA 15208
412-731-0122
admissions@pittsburghnewchurchschool.org

- 1. Is the child in general good health?
2. Are immunizations up to date?
3. Is there history of any physical or mental illness in this child?

If yes, please be specific _____

Table with 3 columns: Medication history, Name of medication, Target symptom(s), Current or D/C. Rows 1-4.

Please attach copies of medical evaluations or pertinent records. Please complete other side.

5. Please describe any hospitalizations for this child.

6. Please describe any family history of learning disabilities.

6. Please provide any pertinent medical information about this child.

Signature of physician _____

Full Name of applicant/patient _____

Date _____

Your candid comments are greatly appreciated in helping us obtain a clear understanding of this child.



PSYCHOPHARMACOLOGIST REPORT

(NOTE: to be completed only for applicants currently being seen regarding medications)

Part A

Parent or Guardian: Please complete the following information in this box. Then forward this form to the applicant's primary care physician or pediatrician (they will complete part B of this form).

I hereby give permission to Dr. _____ to release
please print name of physician

medical information for my child/ward to the Pittsburgh New Church School for its professional use.

Full, legal name of applicant/student _____ Date of birth _____

Parent/guardian signature _____ Date _____

Part B

Physician: The parent/guardian of the above-named child has applied for admission to the Pittsburgh New Church School. We would appreciate any information about the child that you may be able to share with us. Please complete both sides of this form and return it to:

Pittsburgh New Church School
Admissions Office
299 Le Roi Road
Pittsburgh, PA 15208
412-731-0122
admissions@pittsburghnewchurchschool.org

Medication history:

Table with 3 columns: Name of medication, Target symptom(s), Current or D/C. Rows 1-4.

Please attach copies of medical evaluations or pertinent records. Please complete other side.

1. Has this child ever been hospitalized for psychological reasons?

2. Please provide any additional pertinent information about this child.

Signature of physician _____

Full Name of applicant/patient _____

Date _____

Your candid comments are greatly appreciated in helping us obtain a clear understanding of this child.

SUMMARY OF COUNSELING SERVICES

Full name of applicant _____ Date of birth _____

To the therapist: The parent/ guardian of the above-named child has applied for admission to the Pittsburgh New Church School Multi-Sensory Institute. Your candid comments are greatly appreciated in helping us obtain a clear understanding of this child. Please complete both sides of this form (in legible print) and return it to:

Pittsburgh New Church School
Admissions Office
299 Le Roi Road
Pittsburgh, PA 15208

If you have any questions or concerns, please call PNCS at 412-731-0122

1. Duration, modality, and frequency of contact
2. Presenting problem, and relevant issues addressed in treatment
3. How have this child's learning disabilities affected your treatment of this patient?
4. History of any inpatient or residential experiences in either psychiatric or substance abuse facilities

Please continue on page 2

5. Medication history – current and past

6. How would you rate your patient's functioning in the following areas?
 - a) Ability to separate in an age-appropriate manner

 - b) Ability to make and maintain friends

 - c) Involvement in recreational and leisure activities

 - d) Ability to follow rules and adjust to institutional expectations

 - e) Social skills

7. Current DSM-V diagnosis
(NOTE: Please include disorder subtypes and/or specifiers as appropriate)

8. Will you remain involved in a counseling relationship with the student?

9. Would you recommend further counseling or other services that would help support this student?

Therapist name (*please print*) _____ Date _____

Therapist signature _____

Phone _____ Email _____

Full name of applicant/patient _____