

Dear Parents:

Thank you for your interest in The Summit School. Enclosed is an Application for Admission packet. This packet is for admission into Summit's elementary, middle, or high school program.

The Summit School uses appropriate accommodations to provide full access to a general education curriculum through a program designed to stimulate intellectual curiosity, identify and use students' strengths, and expand their knowledge. We optimize our students' potential in all areas of development.

Summit's interdisciplinary team facilitates our students' development of a stronger sense of self. Students become effective self-advocates as they learn to understand themselves and prepare for the future. Summit is a community where individuals flourish, differences are accepted, and respect for students is valued. We address our students' cognitive, academic, social, and emotional development in order to narrow the gap between potential and achievement.

Our goal is to have our students:

- develop essential academic skills and increase their fund of knowledge along with their critical thinking skills;
- develop age-appropriate social skills and behaviors;
- build a strong sense of self;
- become active learners who assume responsibility for their own learning;
- understand and manage their disabilities;
- become effective advocates for themselves;
- discover their vocational interests and aptitudes;
- enter the mainstream as they become ready.

We seek to create a group of students in each class who will complement each other. We take into consideration age, sex, I.Q. range, language facility, management needs, reading and math levels, prior friendships, and personality traits. Related services of speech/language therapy, counseling, and occupational therapy are provided.

Although our students' progress in a traditional classroom has been hindered by a variety of obstacles, they thrive in Summit's therapeutic learning environment. Most importantly, we provide a safe, structured environment while encouraging growth in social, emotional, and academic areas of development.

Please contact me at if you have any questions.

Sincerely,

Nancy Morgenroth
Director of Admissions
T 718-264-2931 x 206
Email nmorgenroth@summitqueens.com

STEPS IN THE ADMISSIONS PROCEDURE

Application File

You must submit the following forms for an application to be considered:

- Application Form**
- Records Release Form** (located on the back page of application)
- Educational and Psychological Testing Evaluations**
- Social History (if not included in the psychological testing)**
- Copy of current IEP**
- Most recent report card**
- Relevant school records/transcript**
- Any other relevant material that will add to our understanding of the applicant**
- Provider Questionnaire:** This form must be completed by the student's teacher and any other professional who works with your child (i.e., speech and language therapist, occupational therapist, school psychologist, resource room teacher, or guidance counselor). This form must be returned directly to the school by the person filling out the form.

Admissions Process

The completed application file is prescreened by the admissions team. Every effort is made to determine how each student learns and where he or she fits into the continuum of learning. If a possible match is indicated, an appointment is made for the student and parent to meet with the admissions team and to tour the school.

The admissions team meets regularly to discuss and address two questions in regard to each applicant:

1. Is this the kind of student who will benefit from the program that Summit has to offer?
2. Do we have the appropriate class for this particular child?

Notification

After the admissions intake, a parent may call a week later to speak to a member of the admissions team. If a child is accepted for admission, it should be understood that the place can be held only by either a signed contract or prior approval of funding from the NYC Department of Education or local school district.

If the admissions team does not offer a place at Summit, the Admissions Director may suggest other possible schools.

We understand that the admissions process can be difficult for families, and we hope we can be helpful in facilitating the process. It is our aim to make the admissions procedure at Summit as personal and comfortable as possible.

Thank you for your interest in The Summit School. Please return all forms to:

**The Summit School, Admissions Office
187-30 Grand Central Parkway
Jamaica Estates, NY 11432**

Nancy Morgenroth
Director of Admissions
T 718-264-2931 x 206
Email nmorgenroth@summitqueens.com



Upper School T 718-264-2931 F 718-264-3030
187-30 Grand Central Parkway, Jamaica Estates, NY 11432

Lower School T 718-969-3944 F 718-969-4073
183-02 Union Turnpike, Flushing, NY 11366

www.summitqueens.com

APPLICATION FOR ADMISSION

Please print or type

Student's Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Current School: _____ Present Grade: _____ School Head: _____

Address of School: _____

District: _____

Please list all schools attended starting with the most recent:

<u>School</u>	<u>Address</u>	<u>Dates of Attendance</u>	<u>Reason for Leaving</u>

Please list the most recent summer program attended:

Program	Address	Dates of Attendance

Parent Information

Ms. Mrs. Mr. Dr. Other Title: _____

Name: _____
(Last) (First) (MI)

Relationship to Applicant: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____

Work Telephone: () _____

Cell Phone: () _____

Email: _____

Ms. Mrs. Mr. Dr. Other Title: _____

Name: _____
(Last) (First) (MI)

Relationship to Applicant: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____

Work Telephone: () _____

Cell Phone: () _____

Email: _____

Please attach a recent family photograph in this space.

Employer: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Nature of Business: _____
Position: _____

Employer: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Nature of Business: _____
Position: _____

Education History:

High School: _____
College: _____
Post Graduate: _____

Education History:

High School: _____
College: _____
Post Graduate: _____

If the child does not live with both parents in one household, please answer the following:

Are Parents: Separated? Divorced? Is separation/divorce pending?
Who is the legal guardian? _____

To whom should school notices of parent meetings & school reports be sent?

Father Mother Both

Paternal Grandparents: Name: _____ Address: _____

Maternal Grandparents: Name: _____ Address: _____

Siblings:

<u>Names</u>	<u>Ages</u>	<u>Current School</u>	<u>Grade</u>

Parent Impressions

Please tell us about your child's strengths, weaknesses, and study/work habits:

Strengths: _____

Weaknesses: _____

Study and work habits: _____

Please describe your child's special interests and abilities (i.e., sports, computers, music, dancing, art):

What particular difficulties has your child had in school and at what age did they begin?

Academically: _____

Socially: _____

Behaviorally: _____

What interventions have you tried? Include any special programs, remediation programs, or treatments.

What is your child like at home? Include activity level, ability to play alone, relations with siblings.

What pleases you most about your child? _____

Pregnancy, Birth, and Early History

Was your child adopted? _____ If so, at what age? _____

Does your child know? _____

What complications of pregnancy and/or delivery did the mother experience, if any?

What was the child's condition at birth, for example: Apgar score, birth weight, jaundice.

Was his or her weight gain satisfactory in the first few months?

At what age did you notice your child had difficulty in any of the following areas: language, learning, social, and/or emotional? _____

Please describe what you observed? _____

What are your feelings about your child's difficulties? _____

Have any other family members had learning, social, and/or emotional difficulties-diagnosis?
(Please state both the relationship to your child and the kind of difficulties that they encountered.)

Please describe any important events (e.g. moving, divorce, accidents, illnesses, deaths) in your family that have affected your child. How do you feel they affected your child?

What has been the most difficult adjustment in your child's life to date?

Medical History

What operations, accidents, illnesses has your child had and at what ages? Please describe the circumstances (e.g. hospitalization, child's reaction and adjustment).

Does your child have a history of ear and/or upper respiratory infections? If so, please describe:

Does your child have any chronic health conditions (e.g. allergies, asthma, epilepsy) that the school should know about?

What are your child's sleeping habits? What difficulties do you encounter, if any?

What are your child's present eating habits? What difficulties do you encounter, if any?

Describe the results and recommendations of your child's evaluations:

<u>Type of Evaluation</u>	<u>Date</u>	<u>Specialist</u>	<u>Results and Recommendation</u>
---------------------------	-------------	-------------------	-----------------------------------

List medications your child is currently taking:

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>	<u>Prescribing Physician</u>	<u>Telephone Number</u>
-------------------	---------------	---------------	------------------------------	-------------------------

List medications tried in the past: _____

Language Development

Other than English, are there any other languages spoken at home? _____

If so, which language? By whom? _____

At what age did your child begin to understand spoken words? _____

Is your child able to follow verbal directions? _____

Does your child have any difficulty understanding conversational exchanges? _____

Is your child able to understand the plot of a movie? _____

At what age did your child say his or her first word? _____

At what age did your child begin combining two and three words together? _____

Did strangers understand your child's early language? _____

Does your child have any articulation problems currently? _____

Does your child have difficulty organizing and expressing his/her ideas? Can he/she retell a story in a logical sequence? _____

Describe your child's written expressive language: _____

Social Development

Does your child have many friends? Are they the same age, older, or younger? How does he/she generally get along with them? _____

Describe your child's understanding/acceptance of his/her learning and/or social differences:

Describe your child's acceptance of consequences/limits: _____

Describe your child's impulse control: _____

Describe your child's mood stability: _____

How much time does your child spend per day watching T.V.? _____

How much time does your child spend per day using the computer/video games? _____

<u>Current Providers</u>	<u>Name</u>	<u>Phone Number</u>
<input type="checkbox"/>	Current School: _____	_____
<input type="checkbox"/>	Classroom Teacher: _____	_____
<input type="checkbox"/>	Psychologist: _____	_____
<input type="checkbox"/>	Neurologist: _____	_____
<input type="checkbox"/>	Psychiatrist: _____	_____
<input type="checkbox"/>	Psycho-pharmacologist: _____	_____
<input type="checkbox"/>	Speech and Language Therapist: _____	_____
<input type="checkbox"/>	Occupational Therapist: _____	_____
<input type="checkbox"/>	Educational Therapist: _____	_____
<input type="checkbox"/>	Additional services not listed above: _____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

If your child is high school age, please list any Regents he/she has passed:

Regents: _____ Grade: _____ Date: _____ | Regents: _____ Grade: _____ Date: _____
Regents: _____ Grade: _____ Date: _____ | Regents: _____ Grade: _____ Date: _____

How do you feel The Summit School can best contribute to your child's development?

What are your expectations for your child's future? _____

How did you find out about Summit? _____

Please add any information that might help us better understand your child: _____

Have you applied to Summit in the past? Yes No If yes, when? _____

Signature: _____ Date: _____

Relationship to applicant: _____

Return this application to: Nancy Morgenroth, M.S.CCC-SLP
Director of Admissions
The Summit School
187-30 Grand Central Parkway
Jamaica Estates, NY 11432

The Summit School does not discriminate on the basis of race, color, religion, sexual orientation, national or ethnic origin in administration of its admissions policies, education policies, scholarships, athletic, and school administered programs.



Upper School T 718-264-2931 F 718-264-3030
187-30 Grand Central Parkway, Jamaica Estates, NY 11432

Lower School T 718-969-3944 F 718-969-4073
183-02 Union Turnpike, Flushing, NY 11366

www.summitqueens.com

RECORDS RELEASE

Student's Name: _____ DOB: _____

PARENT OR GUARDIAN:

Please sign, date, and submit this form to your child's current school principal or guidance counselor.

I consent to the release of my child's records to The Summit School.

Signature of Parent/Guardian

Date

SCHOOL REGISTRAR:

Please forward the following academic information on the above named child:

1. Standardized test results
2. School transcripts, including grades received

Thank you for your assistance.

Return to:
Nancy Morgenroth, Director of Admissions
The Summit School
187-30 Grand Central Parkway
Jamaica Estates, NY 11432



Upper School T 718-264-2931 F 718-264-3030
 187-30 Grand Central Parkway, Jamaica Estates, NY 11432
 Lower School T 718-969-3944 F 718-969-4073
 183-02 Union Turnpike, Flushing, NY 11366
 www.summitqueens.com

ADMISSIONS QUESTIONNAIRE FOR TEACHERS AND THERAPISTS

Student's Name: _____ DOB: _____

This section to be filled out by parent/guardian prior to sending to teacher.

Please sign this form, make copies, and send to your child's teacher(s). You may also give a copy to your child's therapist, tutor, or learning specialist.

I give permission for _____ to complete this questionnaire.
 (Name of Teacher, Therapist, Tutor, or Learning Specialist)

His/Her Title: _____

 Signature of Parent/Guardian Date

TO BE FILLED OUT BY TEACHER/THERAPIST:

Teacher/Therapist Name: _____ School: _____
 Telephone Number: _____ Relationship to Student: _____
 How long and in what capacity have you known this student? _____
 How long and in what capacity have you known this student? _____

Academics

1. What is this student's reading level? _____ Describe briefly this student's specific strengths/difficulties:
 Strengths: _____
 Difficulties: _____
2. What is this student's math level? _____ Describe briefly this student's strengths/difficulties:
 Strengths: _____
 Difficulties: _____
3. How would you describe this student's writing skills? _____
 Content: _____
 Organization of Ideas: _____
 Handwriting: _____
4. What are this student's other areas of academic strength and weakness?

5. How would you characterize this student's conceptual reasoning ability?

Work Habits

1. Please describe how this student works in a group setting: _____
2. Please describe how this student works with one person: _____
3. How would you describe this student's organizational skills? _____
4. Please describe any attentional issues this student has: _____
Is this student able to concentrate? _____
Does this student move around a lot? _____
5. Does this student work independently? _____ If so, under what circumstances? _____
6. When this student is having difficulty with the work, does he/she ask for help? _____
7. How would you characterize this student's motivation for learning? _____

Social Skills

1. Does this student actively participate in classroom activities and discussion? _____
Does he/she require teacher prompting? _____
2. Describe the student's relationship with peers? _____
3. How does this student feel about him/herself? _____
4. What are the student's personal strengths? _____

Comments and Additional Information

Teacher/Therapist's Signature _____ Date _____

Thank you. Please return within one week to:

Nancy Morgenroth, Director of Admissions
The Summit School
187-30 Grand Central Parkway
Jamaica Estates, NY 11432

If you have any questions, contact me:
T 718-264-2931 x206
Email nmorgenroth@summitqueens.com