



October 2009

Dear Prospective Parents:

We deeply appreciate your interest in Wesleyan School for your child and hope that you will invest the time to become more acquainted with us and our school.

Wesleyan seeks to be a relatively small, Trinitarian Christian, full activity school for the well-rounded, college-bound student. Our K-12 student body currently has an enrollment of 1,091 with approximately 105 students in each high school grade. We have three sections in each elementary grade with 20 or less in each section. Each year we accept new students at most grade levels, but the largest matriculation points are kindergarten, fifth, sixth, and ninth.

While we admit and welcome children and families from a variety of faith backgrounds (and no faith), all of our teachers and staff are professing Christians. They are our greatest strength in successfully carrying out our mission. Students are exposed to the Bible and Christianity through courses, chapel services, mission trips, fellowship groups, retreats, Bible studies and in the day-to-day interactions with the teachers, coaches, sponsors, advisors and administrators of the school. Our community is close-knit and class sizes are small. The average in the high school is less than 16. We view parents as essential partners in the education and development of children, and we earnestly desire their participation and support.

The enclosed information includes an application for admission and other details about our mission, philosophy, plans and programs. We encourage you to read the information, speak with friends and neighbors who have children that attend the school, and visit the campus to obtain a real feel for who we are and all that we have to offer your child. Be sure to also visit our web site at www.wesleyanschool.org.

Wesleyan School holds much promise for this community and its families, and we thank you for your expression of interest in learning more about us.

With grateful appreciation,

Headmaster



ADMISSIONS PROCEDURES

Grades Kdg - 4

Key Dates to Remember

Jan. 9	Open House	Feb. 17	APPLICATION DEADLINE
Jan. 30	Grades K-4 Testing	Feb. 27	Grades K-4 Testing
Feb. 13	Grades K-4 Testing	April 2	Admission Notification Letters Mailed

Admission to Wesleyan School is determined by the Admissions Committee which bases its decision upon the school's ability to meet the applicant's needs, taking into account all application components including: (1) a **teacher recommendation**, (2) an **academic test and observation** given by Wesleyan staff, (3) **current school records**, if applicable, and (4) test scores from the **Joint Admissions Testing Program (JATP)**.

In order to avoid a delay in the admission process, please return all forms as soon as possible.

CHECKLIST

- JATP** - Send in your registration card to one of the approved psychologists by **December 15, 2009** to schedule your child to take the Joint Admissions Testing Program (JATP) **before February 26, 2010**. After December 15, a late fee will be charged by the psychologists.
- Application & Forms** - Return the application and Form 1 as soon as possible along with the non-refundable \$75.00 application fee. A small recent photo must be attached.
- Current School Forms** - Give the Teacher Recommendation Form and the Release Authorization to your child's current school along with a stamped envelope addressed to *Wesleyan School Admissions Office, Attention: Sylvia Pryor*. All forms should be returned to the Admissions Office before February 17, 2010.
- Check with the admissions office to ensure that all forms have been received and that the application is complete. Please call Sylvia Pryor at 678-223-2267 or email spryor@weslevanschool.org.

Wesleyan will schedule on-campus testing for your child. You will be notified of the day and time **by email after the application has been received** in the Admissions Office. (Please note the dates above.) Parents of applicants who are moving to Atlanta from out of town are asked to contact Mari Beth King, Assistant Director of Admissions at 678-223-2254 or email mbking@weslevanschool.org if special arrangements are needed.

IT IS RECOMMENDED THAT YOU AND YOUR CHILD ATTEND THE
FAMILY OPEN HOUSE ON SATURDAY, JANUARY 9, 2010.

Wesleyan, as well as all other Atlanta Area Association Independent Schools (AAIS), will mail notification letters (acceptance, wait-pool and non-acceptance) on **Friday, April 2, 2010**. Parents of accepted applicants must either return the contract of acceptance or advise the Admissions Office of non-acceptance by **Thursday, April 15, 2010**.

Please Note: AAIS rules **do not allow contact** between the school and the applicant from April 2 until April 15.



WESLEYAN SCHOOL
Admission Application
5405 Spalding Drive • Norcross, Georgia 30092
(770) 448-7640 Fax: (770) 448-3699

For Office Use Only

Year _____
 Applying for Grade _____
 Application Fee _____

The \$75.00 non-refundable application fee and a current photo must accompany this application.

Applicant's Last Name	First	Middle	Prefers to be called
Age: _____ Birthdate: _____ Place of Birth: _____ Gender: Female/Male Social Security #: _____			
Ethnicity (Optional): African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/>			
Home Address: _____ <div style="text-align: right; font-size: small;">City State Zip Code</div>			
Country: _____ County: _____ Primary E-mail Address: _____			
Home Phone: _____ Applying for Grade: _____ Year: _____			
Present School: _____ School Address: _____			
Has the applicant applied previously? If yes, please list for what grade(s): _____		Place of Worship: _____ Pastor/Youth Minister: _____	
The Primary residence has legal responsibility for:			
School related decisions, bills and communications: Yes / No		Custodial Parent: Yes / No	
Marital Status: Married	Divorced	Widow(er)	Single Separated
Salutation: Mr. & Mrs.	Mr.	Ms.	Dr. Other: _____
Parent Full Name: _____	Spouse Full Name: _____		
Name called by: _____	Name called by: _____		
Relationship: _____	Relationship: _____		
Occupation/Position: _____	Occupation/Position: _____		
Firm's Name: _____	Firm's Name: _____		
Business/Firm Address: _____	Business/Firm Address: _____		
Business Telephone: _____	Business Telephone: _____		
Cell Phone: _____	Cell Phone: _____		
Business E-mail: _____	Business E-mail: _____		
School Affiliation: _____	School Affiliation: _____		
College/Grad School: _____	College/Grad School: _____		
How did you find out about Wesleyan School? Applied Previously <input type="checkbox"/> Siblings <input type="checkbox"/> Internet <input type="checkbox"/> Media <input type="checkbox"/> Driving By <input type="checkbox"/> Friends <input type="checkbox"/> Other <input type="checkbox"/> _____			
Grandparent(s) Name(s): _____		Grandparent(s) Name(s): _____	
Address: _____		Address: _____	
Yes / No	Please send appropriate mailings	Yes / No	Please send appropriate mailings
Grandparent Information For Use After Enrollment ONLY			

IF PARENTS ARE DIVORCED, PLEASE PROVIDE INFORMATION ON THE PARENT(S) NOT LIVING WITH THE CHILD:

Home Address: _____

Telephone: _____
Marital Status: _____

The Secondary residence has legal responsibility for:

School Bills: Yes / No

School communications: Yes / No

Report Cards: Yes / No

Salutation: Mr. & Mrs. Mr. Ms. Dr. Other: _____

Parent Full Name: _____

Spouse Full Name: _____

Name called by: _____

Name called by: _____

Relationship: _____

Relationship: _____

Occupation/Position: _____

Occupation/Position: _____

Firm's Name: _____

Firm's Name: _____

Business/Firm Address: _____

Business/Firm Address: _____

Business Telephone: _____

Business Telephone: _____

Cell Phone: _____

Cell Phone: _____

Business E-mail: _____

Business Email: _____

School Affiliation: _____

School Affiliation: _____

College/Grad School: _____

College/Grad School: _____

LIST SIBLINGS' NAMES, GRADES AND SCHOOL(S) ATTENDING

Name: _____ School: _____ Current Grade: _____

Applying to Wesleyan: Yes / No Grade: _____

Name: _____ School: _____ Current Grade: _____

Applying to Wesleyan: Yes / No Grade: _____

Name: _____ School: _____ Current Grade: _____

Applying to Wesleyan: Yes / No Grade: _____

PLEASE LIST ANY RELATIVES OR CLOSE FRIENDS WHO ATTEND OR HAVE ATTENDED WESLEYAN SCHOOL

Name: _____ Relationship: _____ Graduation Year: _____

Name: _____ Relationship: _____ Graduation Year: _____

Name: _____ Relationship: _____ Graduation Year: _____

LIST ALL PREVIOUS SCHOOLS APPLICANT HAS ATTENDED AND DATES OF ATTENDANCE
High School students must be sure to list any school enrolled in (even if only for one day)

Previous School: _____

Previous School: _____

Location: _____

Location: _____

Grades and Dates: _____

Grades and Dates: _____

Previous School: _____

Previous School: _____

Location: _____

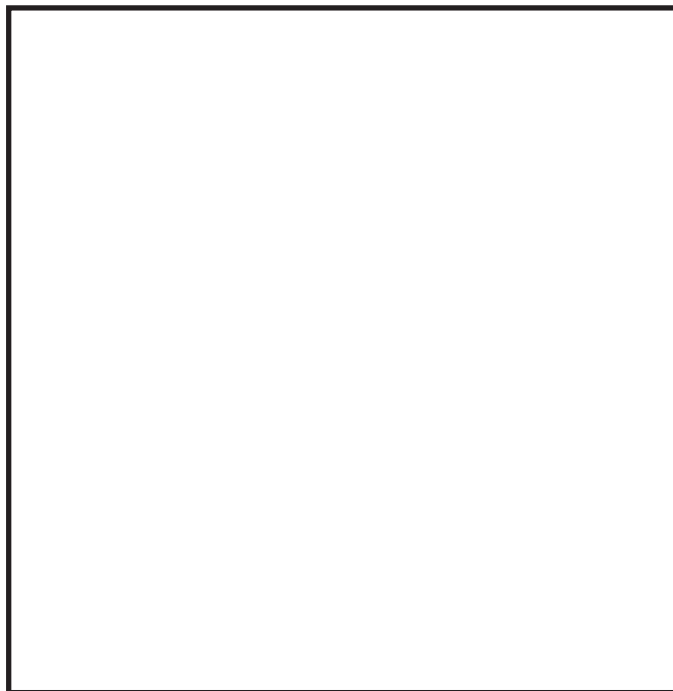
Location: _____

Grades and Dates: _____

Grades and Dates: _____

Please attach a recent photo of the applicant.

(The approximate size of the box below or similar size).



The \$75.00 non-refundable application fee and a current photo must accompany this application, in order to be processed.

NOTICE OF NONDISCRIMINATORY POLICY

Wesleyan School admits students of any race, color, creed, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, creed, sex, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

STUDENTS' STATEMENT OF AGREEMENT AND SIGNATURE (Grades 5-12 Applicants Only)

I understand the following conditions of admission:

- 1. My education is a cooperative undertaking among the school, my parents and me. I will support the educational philosophy, objectives and policies of the school at and away from Wesleyan School. I realize the lack of such support may be grounds for not being permitted to re-enroll and, in extreme cases, for dismissal from school according to school policies.*
- 2. Wesleyan School regulations forbid the use of alcohol, tobacco and illegal drugs for all students both on and off campus, and possession or use of illegal drugs, alcohol or tobacco on or off campus will be grounds for dismissal or other disciplinary measures at the discretion of the school.*
- 3. If admitted, I pledge on my honor as a Wesleyan School student, that I will not cheat, lie, steal or vandalize, nor will I tolerate those who do, and I will do my utmost to assure the effective operation of the Honor System.*
- 4. Please read the following statement regarding high school student eligibility. It is our hope that this will answer any questions or concerns that you may have about high school extracurricular involvement at Wesleyan.*

Georgia High School Association (GHSA) Eligibility (Grades 9-12 Only)

Any student who transfers to Wesleyan after he/she has begun the ninth (9) grade at another school will be ineligible for Wesleyan and Georgia High School Association varsity sports (including athletic and literary/drama competitions) for one calendar year, unless that student and his/her family have moved into Gwinnett County from another school district, county, or state.

I agree: Yes / No Student Signature: _____ Date: _____

PARENTS' STATEMENT OF AGREEMENT AND SIGNATURE

I understand and agree to the following conditions of admission:

- 1. Christian education is a cooperative undertaking among the school, parents and students. Consequently, the educational philosophy, objectives and policies of the school will receive our support and that of our son or daughter at and away from school. The lack of such support may be grounds for a student not being permitted to re-enroll and in extreme cases, for dismissal from school according to school policies. Desiring our child's total educational program to be effective, we agree that we as parents will maintain for our son or daughter an environment away from school which is compatible with the school, especially in the area of moral standards.*
- 2. We understand that if our son or daughter possesses or uses alcoholic beverages, illegal drugs or tobacco products at or away from school, he or she may be dismissed from school or subjected to other disciplinary measures at the discretion of the school. The faculty and administration of the school have the responsibility as well as the authority from us as parents to discipline our son or daughter as they judge necessary.*
- 3. I also authorize Wesleyan School to contact current and previous schools or other sources to obtain information to support this application. I will not seek access to confidential recommendations or evaluation materials provided by previous schools, school administrators, counselors, pastors, youth pastors or other sources before or after admission.*
- 4. I have read and will support the additional school policy defined above in the Student Statement of Agreement.*
- 5. I verify that all the forms and information that I have submitted are true and correct to the best of my knowledge.*

Parent/Guardian Signature(s)

I agree: Yes / No Signature: _____ Date: _____

I agree: Yes / No Signature: _____ Date: _____

Atlanta Area Association of Independent Schools

Joint Admissions Testing Program

ADMISSIONS TO SCHOOLS PARTICIPATING IN THE JOINT ADMISSIONS TESTING PROGRAM

Mount Vernon Presbyterian School
Pace Academy
Pinecrest Academy
Saint Francis School

St. Martin's Episcopal School
The Galloway School
The Heiskell School
The Lovett School

The Westminster Schools
Trinity School
Wesleyan School
Whitefield Academy

Seeking admission to schools can be a rather complex process. The following general admissions guidelines are offered in order to clarify the process.

While time spent presently in the admissions process is not insignificant, it has been decidedly shortened because of the JATP schools acceptance of one report on each student from a participating JATP psychological center. If the parents desire a more detailed report, or have questions about their child's test results, an appointment may be scheduled with the psychologist for further interpretation. The fee for this service is to be determined by the testing psychologist.

CONSIDERATIONS FOR ADMISSION TO JATP SCHOOLS

The psychological report is only one component of an array of factors which determine acceptance to JATP schools. While the test is very beneficial, it is based on a one-time interview on a one-to-one basis on a particular day in a student's life. Mental ability tests of any kind — individual or group — measure convergent thinking (where there is generally only one acceptable answer), not divergent thinking (which leads to multiple answers and is often exhibited by highly creative children). Recent research on intelligence suggests that there are many kinds of intelligence and types of learning styles. Hence reports from the JATP testing must be kept in perspective. Many subjective variables which affect the scores can be present in young children. Moreover, it has appeared to the schools that high scores on the tests are not necessarily commensurate with later school success. *If high test scores appear to be a result of obvious coaching, tutoring, or retesting, this will be reported to the schools to which the child is applying and will be taken into consideration in the admissions process.*

Over the years the individual school's observation of a student has been found to be the most highly predictive factor of the student's success in that school. Each school has its own guidelines for admissions, including observations, interviews, and past school performances.

The JATP schools are aware that with so many qualified applicants, some students will not be admitted just because space is not available. Some disappointments are inevitable — for students, parents, and schools. It is important to keep the admissions process and decisions in perspective. Children can and do learn in varied educational environments; parents play a vital part in providing their children opportunities and what is even more important, role-modeling.

The JATP schools hope that this information will be useful to you as parents of an applicant this year. *Please remember to mail in the JATP application to the psychologist to schedule an appointment for testing. The psychologists will not schedule the appointment over the phone without the application.*

Instructions: The following is needed by the psychologist to manage your child's evaluation. The information must be complete and legible to facilitate scheduling and mailing of test results to parents. Please make sure your payment is included.

Atlanta Area Association of Independent Schools

Applicant's Name (Underline Name Called) _____ Birthdate (M/D/Y) _____ Boy/Girl _____ Applying to Grade _____
 Circle _____

Parents' Names _____ Phone (Daytime) _____ Phone (Evening) _____
 Parents' Address: Street _____ City _____ State _____ ZIP _____
 Cell Phone(s): _____
 E-mail _____

Current School and Grade _____

Fee Schedule
Testing application received by 12/15/09
 Rising K-1 \$160
 Rising 2-5 \$180
Testing application received after 12/15/09
 Rising K-1 \$180
 Rising 2-5 \$200

Check school(s) to which application has been made:
 The Galloway School
 Saint Francis School
 The Haskell School
 St. Martin's Episcopal School
 The Lovett School
 Mr. Vernon Pres. School
 PACE Academy
 Pinercrest Academy
 Wesleyan School
 The Westminster Schools
 Whitefield Academy

Previous Psychological Testing? Yes No
 Last Test Date: _____ By Whom? _____
 Please do not schedule on Saturday Sunday
 Language other than English spoken at home: _____

The reverse side shows the names and addresses of JATP psychologists to whom testing application and check may be sent.
anyone other than JATP member schools. I understand that a school must be indicated and that scores must be sent to the indicated school(s). I understand that an application must be made to a JATP school prior to release of results. After I have contacted a psychologist, the psychologist will contact me for an appointment.

Parent Signature _____ Date _____
 Is your family a prior client of this psychologist? Yes No

PSYCHOLOGISTS

- Ralph Allsopp, Ph.D.** docsopp@netzero.net
 Phone: 404-255-8076 FAX: 404-256-9121
 300 West Wieuca Road, Bldg. 2, Suite 200
 Atlanta, Georgia 30342
- Frank Batkins, Ph.D., ABPP** jfrankbatk@netzero.net
 Phone: 404-256-9325 FAX: 404-256-3662
 Century Springs West, 6000 Lake Forrest Drive, Suite 103
 Atlanta, Georgia 30328
- Rachel E. Christian, Ph.D.** rachelchristian@mindspring.com
 Phone: 770-785-2704 Ext: 16 FAX: 770-962-1886
 2498 Jett Ferry Road, Suite 204
 Dunwoody, Georgia 30338
- Carol Raines Drummond, Ph.D.** cdrummond@mindspring.com
 Phone: 404-760-0020 FAX: 404-467-8591
 3384 Peachtree Road, Lenox Plaza, Suite 450
 Atlanta, Georgia 30326
- Deborah Fernhoff, Ph.D.** fernhoffd@bellsouth.net
 Phone: 404-255-7929 FAX: 404-303-0661
 300 West Wieuca Road, Bldg. 2, Suite 200
 Atlanta, Georgia 30342
- Pamela A. Frey, Ph.D.** drpafrey@aol.com
 Phone: 404-467-8590 FAX: 404-467-8591
 3384 Peachtree Road, Lenox Plaza, Suite 450
 Atlanta, Georgia 30326
- Spencer Gelernter, Ph.D.** SHGandAssociates@aol.com
 Phone: 770-509-8266 FAX: 770-509-8966
 3901 Roswell Road, Suite 210
 Marietta, Georgia 30062
- Gay Lyons Haley, Ph.D.** gayhaley@aol.com
 Phone: 404-874-5291
 1708 Peachtree Street, N.W., Suite 205
 Atlanta, Georgia 30309
- Betty Scott Noble, Ph.D.** bettyscottnoble@bellsouth.net
 Phone: 404-255-4206 FAX: 404-843-8301
 300 West Wieuca Road, Building 2, Suite 314
 Atlanta, Georgia 30342
- Judith Nurik, Psy.D.** nurikrj@aol.com
 Phone: 770-509-8266 FAX: 770-509-8966
 3901 Roswell Road, Suite 210
 Marietta, Georgia 30062
- Clare Rubin, Ph.D.** clarepsych@bellsouth.net
 Phone: 404-364-0420 FAX: 404-467-8591
 3384 Peachtree Road, Lenox Plaza, Suite 450
 Atlanta, Georgia 30326

ATLANTA AREA ASSOCIATION

of
 INDEPENDENT
 SCHOOLS



Joint
 Admissions
 Testing Program

Grades K-5

for

2010-11

School Year

THE PROGRAM

The Atlanta Area Association of Independent Schools (AAAIS), in cooperation with the psychologists listed in this brochure, has established a **Joint Admissions Testing Program (JATP)** for students applying for kindergarten through grade five. An evaluation of the student by one of these psychologists will meet the testing requirements of these participating schools:

The Galloway School
The Heiskell School
The Lovett School
Mt. Vernon Presbyterian School
Pace Academy
Pinecrest Academy
Saint Francis School
St. Martin's Episcopal School
Trinity School
Wesleyan School
The Westminster Schools
Whitefield Academy

These twelve schools have agreed to participate in the JATP program for Grades K-5, which includes testing, notification of admission status, and candidate reply date. **Testing results are the property of the JATP and copies shall not be provided to anyone other than JATP member schools.**

Notification of Admissions Status and Candidate Reply Date:

Schools that participate in the AA AIS common notification and reply date policy have agreed that admission decisions for all grades will be mailed to parents on Friday, April 2, 2010. All participating schools have further agreed that applicants for any grade (Pre-Kindergarten-12) will not be required to indicate acceptance of admission prior to Thursday, April 15, 2010.

Description of the Tests:

A nationally standardized measure of cognitive functioning is administered on a one-to-one basis by licensed psychologists qualified in psycho-educational assessment. Depending on age and individual variation, testing time may range from approximately 35 to 90 minutes.

Parents will receive by mail a summary of their child's test score ranges. Detailed results of the evaluation will be sent only to the participating school(s) of your choice. If parents desire more detailed feedback, an appointment may be scheduled with the psychologist for an additional hourly fee to review the test results.

Fee Schedule:

The fee is \$180 for rising grades K-1 and \$200 for rising grades 2-5. The early application discount fee for Testing Applications received by 12/15/09 is \$160 for grades K-1 and \$180 for grades 2-5.

A check payable to Psychologist's Name/JATP (example: Jane Jones, Ph.D./JATP) must accompany the application.

Registration:

The procedure outlined must be followed to apply for testing:

1. Obtain an application to the school(s) to which you are applying for admission. No school will consider an evaluation until an Application for Admission to that particular school has been completed. The JATP school will supply you with a JATP Testing Application.
2. When completing the JATP Testing Application, be sure to indicate the school(s) of your choice (schools may be added at any time). Complete, detach, and mail the JATP testing application to the psychologist of your choice. To assure complete processing and the schools' receipt of the test results, your Testing Application should be received by the psychologist as soon as possible.
3. Upon receipt of your JATP application and payment, the psychologist will contact you for an appointment. All appointments for testing are made by the individual psychologist — not by the schools. Testing of applicants begins in October. **Since your child will be compared only to children within a narrow age range, late testing provides no advantage. *Early contact with the JATP psychologist is strongly recommended to ensure an appointment and to expedite prompt receipt of test results by the school(s).***
4. Friday, February 19, is the deadline for test results to be received by the school(s). Contact individual schools concerning exceptions beyond the above date.

Cancellations:

Testing appointments that are cancelled *and not rescheduled* will incur a deduction in the refund of the Test Fee as follows:

\$25 if cancelled at least 7 days in advance, or

\$50 if cancelled with less than 7 days notice.

There will be no refund if there is a cancellation within 48 hours of the appointment. In the event of illness or family emergency, appointments may be rescheduled with no additional charge.

Additional Information:

To ensure test validity, the psychological test may be administered only once per admission season. Applicants to grades four and five may use last year's JATP testing in lieu of retesting this admission season. Upon written request, psychologists will forward last year's testing results for a fee of \$25.00. Fourth and fifth grade applicants have the option of being retested at the full testing fee.

Psychologists will report to the schools any indication that a child has been coached, tutored, or retested.

Results are released to JATP schools only.

In addition to the assessment by a psychologist, JATP schools require an interview with the applicant. You will be notified by the respective schools of the date of this interview or observation session.

Important Considerations

- JATP testing should not be considered a substitute for a comprehensive psychoeducational evaluation. The limited time a psychologist spends with each child does not provide the full battery of tests necessary for the psychologist to draw in-depth conclusions.
- JATP encourages early fall testing because it ensures the availability of a testing time for your child and more flexibility in scheduling. **There is no advantage to waiting later in the school year (i.e., January or February) for testing because the norms of the standardized tests used in JATP compare children within a narrow age range.** Please submit your testing cards as promptly as you can. Psychologists begin providing testing appointments in October.
- JATP encourages parents who have questions or concerns about test results to schedule an appointment with the psychologist to review the testing and observations of their child. No school recommendations may be made, but this appointment will provide more detailed information about the testing. JATP member schools will not review JATP testing with parents during the admission process.



PARENT OR GUARDIAN STATEMENT

Form 1
For Applicants
Grades K-12

Applicant Name: _____ **Grade applying for:** _____
Last First

Name of Person(s) Filling Out Form: _____ **Date:** _____

Thank you for your application to Wesleyan School. We appreciate your support in the application process. Please help us understand your child by sharing some of your thoughts.

1. How do you feel about your child attending a school with a Christian emphasis?
2. What are you expecting of Wesleyan for your child?
3. What do you feel is the role between school/teacher/parents?
4. What is the primary language spoken in your home?
5. If there are other people living in your home, please list (i.e., grandparents, nanny, other relatives or friends).
6. What, to date, has posed the biggest academic challenge for your child?
7. In what subject(s) or extracurricular activities has your child excelled in the past?
8. Is there anything about the sequence of your child's schooling we should know (i.e., skipped a year or repeated a grade)?

(over, please)

9. In your estimation, what are your child's greatest strengths?... greatest weaknesses?
10. Briefly describe how your child chooses to spend free time?
11. Does your child have any favorite hobbies, sports, musical talents, etc.?
12. What are the most and the least effective methods of disciplining your child?
13. Does your child have a medical problem or allergy and/or currently take medication? Yes / No
If yes, please explain by listing the problem and name of the medication.
14. Has the applicant ever been suspended, expelled or withdrawn from school for any reason? Yes / No
If yes, please explain why, when, and if needed, what action was taken to help your student.
15. To your knowledge, has your son/daughter ever used or experimented with alcohol, tobacco or illegal substances?
Yes / No If yes, please explain.
16. Has you son/daughter ever been referred for (or received) professional, psychological, or personal counseling?
Yes / No If yes, please explain.
17. Has your child ever been diagnosed with a learning difference or attended a school or program designed for students who have academic or special needs? Yes / No If yes, please explain when and, if needed, what action has been taken to help your student.

Atlanta Area Association of Independent Schools (AAIS) & JATP

Pre-Kindergarten, Kindergarten, or Pre-First Teacher Evaluation Form

To Parent: Please print or type this section and deliver this form to your child's teacher. Include an addressed and stamped envelope to the schools where you wish this evaluation to be sent. The evaluator will mail these forms directly to the Admissions Office.

Child's Name: _____ Date of Birth _____

(First) (Middle) (Last)

First Name Used _____ Male Female Applying for Grade _____ Beginning Fall 20 _____

Applicant's Current School: _____

Address of Current School: _____

Telephone (____) _____

(City) (State) (Zip)

Signature of Parent or Legal Guardian

Date

Principal or Teacher: Your candid appraisal of this child will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. We appreciate your cooperation; your evaluation will be held in strict confidence.

Please check all terms that are TYPICAL and comment if needed:

- | | | | |
|---|---|---|---|
| Social Development:
<input type="checkbox"/> Plays with others
<input type="checkbox"/> Plays alone
<input type="checkbox"/> Takes the lead | <input type="checkbox"/> Initiates activity
<input type="checkbox"/> Stands up for rights
<input type="checkbox"/> Shares | <input type="checkbox"/> Exhibits independence
<input type="checkbox"/> Follows rules
<input type="checkbox"/> Follows others | <input type="checkbox"/> Responds positively to correction |
| Emotional Development:
<input type="checkbox"/> Happy
<input type="checkbox"/> Controlled
<input type="checkbox"/> Content
<input type="checkbox"/> Flexible | <input type="checkbox"/> Confident
<input type="checkbox"/> Receptive
<input type="checkbox"/> Even-tempered
<input type="checkbox"/> Shy/reserved | <input type="checkbox"/> Adaptable
<input type="checkbox"/> Hostile
<input type="checkbox"/> Nervous | <input type="checkbox"/> Withdrawn
<input type="checkbox"/> Angry
<input type="checkbox"/> Aggressive |
| Work Habits:
<input type="checkbox"/> Works independently
<input type="checkbox"/> Works in a group
<input type="checkbox"/> Follows directions | <input type="checkbox"/> Focuses
<input type="checkbox"/> Listens attentively
<input type="checkbox"/> Organizes | <input type="checkbox"/> Completes tasks
<input type="checkbox"/> Is persistent
<input type="checkbox"/> Is distractible | <input type="checkbox"/> Drifts
<input type="checkbox"/> Transitions easily from one activity to another |
| Non-verbal development:
<input type="checkbox"/> Recognition of patterns
<input type="checkbox"/> Interest in puzzles
<input type="checkbox"/> Interest in building | <input type="checkbox"/> Attention to details
<input type="checkbox"/> Spatial awareness
<input type="checkbox"/> Can classify | <input type="checkbox"/> Visual sequencing
<input type="checkbox"/> Draws self portrait
<input type="checkbox"/> Left-right orientation/awareness | |

Please comment:

Areas in which the child excels: _____

Area in which the child has the greatest needs: _____

Additional comments: _____

Please turn over to complete evaluation

Child's Name: _____

Please check your assessment of the applicant in each category for applicant's age level and comment below on any areas of concern.

<u>Social/Emotional Development</u>	<u>Outstanding</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Interaction with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye contact when speaking to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language/Communication Skills

Speaks in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes in complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulates words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequences events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately during group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development

Gross Motor (balance, movement through space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor (hand-eye coordination, zips, buttons, stacks, cuts, hand dominance, pencil grip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attitude Toward School

Eager and curious about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on above: _____

Are absences excessive? Yes No Are tardies excessive? Yes No If Yes, please comment.

Please check those parental support terms that are typical:

- | | |
|--|--|
| <input type="checkbox"/> Are cooperative | <input type="checkbox"/> Follow through with suggestions |
| <input type="checkbox"/> Are appropriately interested in education | <input type="checkbox"/> Have realistic picture of child's ability |
| <input type="checkbox"/> Value child's uniqueness | |

Please comment on degree and type of parental involvement: _____

In what capacity and how long have you known this child? _____ Title: _____

If the need arises, may we contact you to discuss the applicant further? _____ Telephone: _____

Print name of Teacher

Signature of Principal or Director



STUDENT INFORMATION RELEASE FORM

Form A
For Kindergarten

STUDENT RECOMMENDATION & PROGRESS REPORTS RELEASE FORM FOR KINDERGARTEN

(Please complete and give to child's current teacher.)

Student's Name: _____
Last First Prefers to be called

Current School: _____ School Phone Number: _____

Teacher's Name: _____

I, the undersigned, authorize the completion of the **attached form and the release of my child's progress reports**. I understand this recommendation is confidential and becomes the property of **Wesleyan School** and *is not subject to parental review.*

Signature of Parent or Guardian Date _____

ATTENTION: Preschool Director or Principal

Please return the completed form and progress reports to:

Wesleyan School
Admissions Office
5405 Spalding Drive
Norcross, Georgia 30092