# ***THE KING'S ACADEMY***

1015 S. Ebenezer Road Florence, SC 2501 Phone 843. 661.7464 Fax 843. 661.7647

## Application for Educational Therapy
## School Year _____

**ET ____ ET-2 ____**

Name of Student _____ Date_____

Birth date _____ Age____ Grade____ Sex____ Teacher_____

Father _____ Occupation _____ Work Phone _____

Email_____ Cell Phone_____

Mother _____ Occupation _____ Work Phone _____

Email_____ Cell Phone_____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Referred by _____

**FAMILY HISTORY**

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Child is living with:

___natural father ___stepfather ___natural mother ___step mother

__legal guardian ___other:_____

Child is: ___adopted ___foster

Since the child's birth there has been: Reaction of child:

___death in the family _____

___separation _____

___divorce _____

___ remarriage of mother _____

___remarriage of father _____

___other major trauma _____

Other children in the family:

| Name | Age | Grade | Present School |
|---|---|---|---|
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |

_____ ____ ____ _____

Is there a history of learning difficulties in your family? No ___ Yes ___

If yes, please explain_____

_____

Briefly describe your child's relationship with you, your spouse, and other members of the family: _____

_____

_____

Name of the church your family attends: _____

**MEDICAL/DEVELOPMENT HISTORY**

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Child was: ___full term ___ premature

State any complications that occurred during pregnancy (e.g., toxemia, diabetes, etc.)

_____

_____

State any complications that your child had immediately after birth (e.g. difficulty breathing, blue color, etc.) _____

_____

Check where applicable:

___recent physical exam date/results _____
___recent eye exam date/results _____
___recent hearing exam date/results _____
___recent speech evaluation date/results _____

Check any problems in infancy or childhood with:

___colic ___talking ___crawling ___walking/running
___sleeping ___bedwetting ___eating ___general slow development

Child: (check where applicable)

___ needs glasses ___wears glasses ___frequent ear infections
___ has allergies/asthma ___has/had high fevers ___has/had hearing difficulties
___ had seizures, convulsions, or staring spells ___ experienced injury/accident to head

Explain items checked:

_____

_____

_____

_____

**EDUCATIONAL HISTORY**

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List all schools previously attended (preschool to present):

| School | Grades | Reason for Change |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Child writes with:

___right hand ___left hand ___uses both hands ___mirror writer

Check where applicable and provide pertinent information:

___ repeated grade(s); if so, grade(s) repeated _____

___ received tutoring; if so, subjects(s) _____

___ enrolled in a special class; if so, what kind _____

___ receives/received physical/occupational therapy _____

___ receives/received speech therapy or language therapy _____

_____

State child's best and worst subject: Best _____ Worst _____

Child has been tested before: No ___ Yes ___

If yes, give date and location of testing:

_____

Child has been diagnosed as: ADHD ____ Learning Disabled ____ Other:

_____

Is your child currently on medication? No ____ Yes ____ Type: _____

When taken: _____ Physician: _____

Additional comments or information regarding child's schooling:

_____

State the area(s) in which you feel your son/daughter needs help:

_____

_____

_____

_____

_____

**SOCIAL/BEHAVIOR HISTORY**

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Check where applicable:

| | | | |
|---|---|---|---|
| ___independent | ___lacks common sense | ___stubborn | ___ dislikes school |
| ___anxious | ___easily distracted | ___aggressive | ___ dependent |
| ___dishonest | ___overly fearful | ___withdrawn | ___overly sensitive |
| ___shy | ___enjoys school | ___moody | ___self-centered |
| ___passive | ___make friends easily | ___confident | ___easily frustrated |

___prefers playing with older children ___ prefers playing with younger children

Is there any additional information you would like to personally share with the Discovery Program Coordinator prior to testing? ___Yes ___No

_____

_____

_____

_____

_____

**PERMISSION FOR TESTING**

We give our permission to _____ to perform academic testing with our son/daughter.

_____ _____
*Father* *Date*

_____ _____
*Mother* *Date*

**ADDITIONAL PERMISSION TO:**

1. Allow teacher to read the most recent psycho-educational testing report for the purpose of educational planning.

   _____
   Parent Signature

2. Allow my child's educational therapy session to be recorded for the purpose of evaluation and/or training of therapists.

   _____
   Parent Signature

3. Allow my child's picture to be used on a brochure, display, or web site for the purpose of providing information about the Discovery Program.

   _____
   Parent Signature

4. Allow my child's session to be observed by a prospective parent for the purpose of answering questions about the nature of educational therapy.

   _____
   Parent Signature

# THE KING'S ACADEMY DISCOVERY PROGRAM
# PARENT AGREEMENT FOR EDUCATIONAL THERAPY

We, the parents of_____, agree to have him/her placed in
individualized educational therapy. We understand and agree to the following conditions:

The student will receive: (Circle one) ET ET-2 Other _____

## PHILOSOPHY

- Educational therapy is a long-term process, usually involving several years of work. Most students require a minimum of three years to produce measurable gains in academic/classroom work.
- Educational Therapy-2 is an abbreviated form of educational therapy. The student will have two 45 minute sessions per week. Consequently, the time required for measurable gains may be extended.
- Educational therapy does not seek to improve academic areas directly as tutoring does, but instead focuses on improvement of a person's area of difficulty in perceptual and cognitive functioning. It affords classroom accommodations while deficits are targeted in therapy.
- Parental involvement and student cooperation are keys to the success of the program. Diligence and regularity in completion of homework, including Rhythmic Writing, are essential for progress. Students will receive a grade which is included in the calculation for Honor Roll, GPA, National Honor Society or other grade based decisions.
- Any questions regarding educational therapy should be directed to the therapist while all questions pertaining to the regular classroom should be directed to the classroom teacher(s).

## SERVICES

Period of agreement: _____ school year. The student will receive two 80 minute (or two 45 minute) sessions scheduled weekly. The student will leave the regular classroom for these sessions.

## FINANCES

Enrollment Fee: $ 200.00 Enrollment Fee
Therapy Tuition: $ 6100.00 per year, paid in 10 installments of $610.00 due on the first of each month,
August through May
ET Plus $ 3000.00 per extra ET session a week
ET-2 Tuition: $ 3660.00 per year, paid in 10 installments of $366.00 (Aug.-May)
Discovery Only: $ 100.00 Initial Application Fee; $300.00 ET; $180.00 ET-2; in addition to above fees & tuition.
Late Payment Fee: $ 20.00 after the 10th of each month.

Withdrawal from the Discovery Program based solely upon the parent's discretion will incur a one month tuition penalty.

## PARENTAL INVOLVEMENT

- Attendance at six sessions in order to become acquainted with the therapy process and observation of one session per month thereafter.
- Attendance at parent meetings.
- Supervision of Rhythmic Writing at home on non-therapy days and supervision of other assigned homework.
- Purchase of a chalkboard (4' X 6') chalk, chalk holder, eraser and replacement of all damaged or lost Discovery materials.

## ABSENCES

Therapist absences will be made up. Other absences will be made up when schedules permit.

**EVALUATION**

An evaluation, including testing, will be done in the spring. A conference will be held with parents (and student if appropriate.) This agreement will be renewable at that time, subject to approval of both parties, for another school year. We acknowledge that we understand the above information and consent to the terms stated in this agreement.

Father _____ Mother _____

Student _____ Date _____

Revised 6/14/17