STARPOINT
TCU

We are pleased that you have expressed an interest in the Starpoint School at Texas Christian University. Starpoint School is a laboratory school that has served children with learning challenges in the Fort Worth area for sixty years.

We receive many applications each year and have only a few available places for new students. Students are chosen by a variety of criteria: age, testing, profiles, and suitability for participation in research, openings available and clinical interest. The child that best fits our program might typically be of average to above average intelligence- 90 and above according to the Wechsler Intelligence Scale for Children IV, has completed a regular kindergarten class and has demonstrated learning differences and/or attentional difficulties with no significant behavioral problems. Because part of our mission is a laboratory school, it is imperative that students chosen are those who will both benefit from our curriculum and provide a more comprehensive educational experience for our TCU students.

After diagnostic review, if applicant's needs are within the range that we serve, you will be contacted to arrange a day for him/her to visit Starpoint usually during the months of February and March. Please note that these visits do not guarantee admission to the school. Placement decisions are **usually** made by the end of April.

TCU sets the tuition each year and makes that information available to us in the spring. Financial aid is available for qualified families based on need.

Thank you for your interest and we look forward to hearing from you.

Sincerely,

Jan Lacina
Interim Director of Laboratory Schools

LaJean Sturman
Admissions Starpoint School

Starpoint School
APPLICATION PROCEDURE

1. **Diagnostic Report** – Sent from the agency or individual performing the evaluation.

2. **Records Release Form** – Sent by parents to present school and the agency or individual who gave the evaluation.

3. **Confidential Teacher Evaluation** – Sent by parent to student's classroom teacher(s) for completion. The completed form should be returned by the teacher directly to Starpoint School by email, FAX, or post.

4. **Student Information Form** – Completed by parents and returned to Starpoint School. Parents should include detailed information

5. **Child Visit** - During the spring semester you will be contacted by one of our teachers to plan a day visit for your child.

Starpoint School
SCREENING REQUIREMENTS

Starpoint School requires the following assessment information in order to be considered for admission. These tests can be administered by your local public school district staff or a variety of private and non-profit agencies. We can give you the names of diagnosticians with whom we are familiar if you do not have one.

Test information required for placement consideration:

One individually administered intelligence test
One Individually administered academic achievement battery

These tests are preferable:

Acceptable individually administered intelligence tests are:

Wechsler Intelligence Scale for Children IV
Wechsler Intelligence Scale for Children III
Stanford-Binet Intelligence Scale IV
Kaufman Assessment Battery for Children
McCarthy Scales of Children's Abilities
Woodcock –Johnson Test of Cognitive Ability

Acceptable individually administered achievement batteries:

Woodcock-Johnson Psycho-Educational Battery
Kaufman Test of Educational Achievement
Wechsler Individual Achievement Test
Wide Range Achievement Test (least preferable)

Other testing information helpful in placement consideration would be behavioral or academic checklists, speech and language assessments and tests of perceptual or visual motor skills. The admissions committee may consider some variations to the assessment requirements, but may request additional testing as well.

Other information beneficial to us in assessing the suitability of a placement at Starpoint School for your child would include:

- School progress reports (grades and comments) for each year
- Samples of recent work in reading, math and writing

Confidential Teacher Evaluation

Starpoint School
TCU Box 297410
Fort Worth, TX 76129
www.starpoint.tcu.edu

Child's Name _____

As the parent or legal guardian of this child, I waive my right to read the confidential teacher recommendation and the school report for this applicant.

_____ _____

Signature of parent or legal guardian Date

Please give this form to your child's teacher. **The teacher will then FAX , mail, or email the form directly to our office.**

This student is applying to Starpoint School. Please evaluate the applicant as carefully as possible by responding to the questions below. Your comments will be held in strict confidence.

How long have you known the student? _____

In what capacity have you known the student? _____

Where appropriate please check the appropriate ratings and comment on the back:

	Poor	Fair	Average	Above Average
Academic Achievement	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Focusing attention	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____
Consideration of others	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Verbal expression	_____	_____	_____	_____
Written expression	_____	_____	_____	_____
Basic reading skills	_____	_____	_____	_____
Reading comprehension	_____	_____	_____	_____
Mathematics	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____
Classroom conduct	_____	_____	_____	_____
School attendance	_____	_____	_____	_____
Respect for peers	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____

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Please describe this student's strengths: _____

_____

_____

Primary concerns regarding this student's academic performance:_____

_____

_____

_____

What if any interventions have been made in this child's academic placement? _____

_____

_____

Primary concerns regarding this student's behavior: _____

_____

_____

Is the parent's perception of the child consistent with the school's perception of the child? _____

Additional Comments: _____

_____

_____

_____

Applications will not be considered until we receive this completed form.

Please FAX or email this completed form to Starpoint School Admissions.
FAX: 817-257-7168 Email: Starpoint@tcu.edu

This form completed by:

Name _____ School _____
(Please Print)

Grade/Subject Taught_____

Address _____
(Street) (City) (State) (Zip Code)

Signature_____ Phone _____ Date _____

REQUEST FOR STUDENT RECORDS

To the parent or guardian:

Please fill in your child's name below, sign where indicated at the bottom and **give this form to the principal or headmaster at his/her current school, testing center, psychologist or physician.** You should send this form to **any agency or individual** that you think will be able to provide relevant educational or medical information. This form may be duplicated if you are requesting that information be sent from multiple sources.

Student's name _____

To the school:

Please send all records for the student whose name appears above. Such records would include identifying data, grades, classroom citizenship, attendance information, testing and evaluation results, health information, activities and commendations.

Send to: Starpoint School
TCU Box 297410
Fort Worth, Texas
76129

Email: starpoint@tcu.edu

FAX: 817-257-7168

_____ _____

Signature of parent or guardian Date

STARPOINT TCU

Photo

Date _____

Student Information

Please Print

Please take your time when completing this form so that we may have as comprehensive a picture of your child as possible. This will help us more effectively assist your child and your family.

Child's Name: _____
Last First Middle

Name child prefers: _____

Date of Birth: _____ Current Age: _____

Home Phone: _____

Home Address: _____
Street/Box

_____
City State Zip Code

Child is living with: _____ Relationship: _____

Child's present school: _____ Present Grade Level: _____

School Address: _____
Street/Box

_____
City State Zip Code

Other Schools Attended: _____

By whom was Starpoint recommended: _____

Family Information

Mother

Marital Status (circle one) Single Married Separated Divorced

Mother's Name: _____

Address: _____
Street/Box City State Zip Code

Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Occupation: _____

Employer: _____

Father

Marital Status (circle one) Single Married Separated Divorced

Father's Name: _____

Address: _____
Street/Box City State Zip Code

Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Occupation: _____

Employer: _____

Home Environment

If parents are separated or divorced, what is the custody and visitation arrangement for your child?

_____

_____

If parents are divorced and remarried, please complete the following information on step-parents:

Stepfather's Name: _____

Address: _____
Street/Box City State Zip Code

Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Occupation: _____

Employer: _____

Stepmother's Name: _____

Address: _____

Street/Box City State Zip Code

Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Occupation: _____

Employer: _____

Is your child adopted? _____ If so age at time of adoption _____

Siblings:

_____

Name Age Grade School

_____

Name Age Grade School

_____

Name Age Grade School

Others in home:

_____

Name Relationship

_____

Name Relationship

Other Interventions

Has your child ever been retained? _____ If yes, what grade and reason for retention: _____

_____

Special Services: If your child is receiving any of the following services privately or at current school **please list the name of the person or school providing service along with the frequency.**

Private Tutoring _____

Individual Counseling _____

Family Counseling _____

Private Tutoring _____

Speech Therapy _____

Language Therapy _____

Resource Room Services _____

Remedial Reading _____

Reading Recovery _____

Occupational Therapy _____

Other _____

Has your child been diagnosed with (**If yes, please explain what treatment or management strategies are currently being used.**):

ADD or ADHD? _____

Oppositional Defiant Disorder? _____

Anxiety or Obsessive Compulsive Disorder? _____

A diagnosis within the autism spectrum, e.g. Asperger's syndrome, Pervasive Developmental Disorder (PDD or PDD NOS), etc.

_____

Please list the diagnosing/Treating Physician(s) and/or Psychologist(s): _____

Current treatment? _____

Current medication(s) if applicable: _____

Please list and explain any medical condition(s) or history of which we should be aware. Examples: birth difficulties, allergies, asthma, sickle cell, diabetes, hemophilia, seizure disorder, etc.

_____

_____

Routine

Please note any unusual or remarkable behaviors at home. _____

_____

Afternoon and evening schedule / routine:

_____

_____

Extracurricular activities and participation: (Soccer, Baseball, Dance, Gymnastics, Piano, Scouts, etc.) _____

_____

_____