



Application Procedures for Redwood Schools

Thank you for your interest in Redwood Schools. We look forward to meeting you and assisting your family in determining the best educational placement for your child. The following information will assist you in the application process.

Please provide completed information for all the items listed below via email to Becky Sinclair at becky@redwoodschoools.org

Please complete and submit the following:

- Application for Admission
- Student Summary
- Teacher Questionnaire
- Witness and signed Release of Confidential Information.
 - *This document must be witnessed by another adult. A notary is not necessary.
- Report card or progress report for the past 2 years.
- Most recent Individual Education Plan (IEP), if applicable.
- A complete neuropsychological or psycho-educational evaluation that includes a WISC-V or WISC-IV, current within 3 years, if applicable.
- The most recent speech and language and occupational therapy evaluation, if applicable.

Non-discriminatory policy: Redwood Schools does not discriminate on the basis of race, color, religion, national or ethnic origin, disability, or any other characteristic protected by applicable law.





Application for Admission

Applicant Information

I am interested in applying to:

____ Redwood Day

____ Redwood @ Alcuin Montessori

Date of Application: _____ Desired date of Admission: _____

Applicant Name: _____
first middle last nickname

Address: _____
no./street city state zip

Home Phone: _____ Cell: _____

Date of Birth: _____ Grade for the 22-23 School Year: _____

Primary Language Spoken: _____ Gender Identity: _____

Ethnicity: _____ Is applicant adopted? _____

Is s/he aware of adoption: _____





Name of Primary Guardian: _____ **Relationship to applicant:** _____

Home Address: _____
no./street city state zip

Preferred Telephone Number: _____ **Check if:** home mobile work

Email: _____ **Name of Employer:** _____

Name of Primary Guardian: _____ **Relationship to applicant:** _____

Home Address: _____
no./street city state zip

Preferred Telephone Number: _____ **Check if:** home mobile work

Email: _____ **Name of Employer:** _____

Applicant's parents are: -Married -Divorced -Separated -Widowed Other

(check all that apply) -Father Remarried -Mother Remarried -Partners

Family Information, continued

Name(s) of step-parent(s), if applicable: _____

With whom does the applicant reside? _____

Who is the applicant's legal guardian? _____





Names of Siblings Date of Birth Learning Disabilities/Medical Conditions

Applicant's Current School Information

School currently attending:

Date(s) of attendance: _____ Grade(s) attended: _____

School personnel (case manager, learning specialist) who knows your child's learning profile best:

Name: _____ Position: _____ Email: _____

Phone: _____

Please list previous schools and the dates attended:





Has the applicant ever been dismissed or suspended from school? No Yes

If yes, please explain below.

Date: _____ Context _____

Has the applicant ever repeated a grade? No Yes

Which grade(s)? _____

Has the student previously received structured literacy instruction (e.g.: Wilson Reading System, Barton, SLANT) from a certified provider? No Yes

Program Duration (Dates) Current Level/Substep (If applicable)

If yes, do you give Redwood Schools permission to contact the certified provider to gain further information on your child's progress through the program? No Yes

Provider Name Provider Organization Provider Contact Information (Email, Telephone)





Applicant's Medical Information (use an additional sheet of paper if needed)

Physician: _____ Telephone: _____

Applicant's medical conditions, if any:

Is your child currently receiving any medication? No Yes List:

Describe the condition(s) for which the medication is being taken:

Does your child have any known allergies? No Yes List:

Has your child been formally diagnosed with a learning difficulty? No Yes

Date of most current evaluation: _____ Diagnosis: _____





Has your child experienced behavior difficulty in an academic setting or in relationship to peers?

No Yes

If yes, please describe.

Has a Behavior Intervention Plan (BIP) ever been outlined for your child?

No Yes

If yes, please describe.

If your child has ever been under the care of a psychologist/psychiatrist, counselor or therapist?

No Yes

If yes, please describe. ***Provider, Phone, Reason, Dates of Service***





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

If yes, please describe. **Provider, Phone, Reason, Dates**

Does your student currently receive speech/language services? No Yes

If yes, please describe. (*provider, phone, reason, dates of service*)

Does your student currently receive occupational therapy services? No Yes

If yes, please describe. (*provider, phone, reason, dates of service*)





Do you have concerns about your child's speech/language or occupational therapy needs? No Yes

If yes, please describe.

Does your student currently receive speech/language and/or occupational therapy services? No Yes

If yes, please describe.

What are your strengths and needs as a parent?

What is each parent's/guardian's approach to discipline?





What chores does your child do at home on a regular basis?

Explain a recent situation that gave you the opportunity to teach your child about a racial, economic, or physical difference.

Describe the ideal teacher.

What involvement have you had at your child's school?





Redwood's Core Values & Student Expectations:

Do you align with [Redwood's Core Values](#) and [Parent Handbook](#) and commit to partnership with Redwood Schools teachers and staff to create and maintain a healthy learning environment for all?

No

Yes

Guardian Signature: _____ **Date:** _____

Guardian (2) Signature: _____ **Date:** _____





Student Summary

Please fill out the following form to the best of your ability. The more detailed information you share, the more streamlined and focused the admissions process will be. Your honesty and insight are invaluable to us as we get to know your child's unique strengths and challenges.

Name of parent(s) completing this form: _____

Name of student: _____

Please write a brief description of your child.

Please share why you are considering Redwood Day for your child.

What do you see as your child's greatest strengths?

What academic challenges does your child have?

What social-emotional challenges does your child have?





What is your child's overall attitude about school?

Please describe your child's peer relationships.

How does your child handle frustration and conflict? Please provide an example.

What is your student's level of comfort/experience with assistive technology?

What types of assistive technology has your child utilized consistently in the past?

Does your student enjoy reading books in print or listening to audiobooks? Please list any recent books or series that your student has enjoyed.

What are some things that your child is interested in? (hobbies, extracurricular activities)





Educator Questionnaire

(This form should to be completed by child's current or most recent teacher and submitted directly to Redwood via email to becky@redwoodschoosls.org with the email Subject Line: REDWOOD DAY ADMISSIONS QUESTIONNAIRE: STUDENT NAME)

Redwood Day School and Redwood @ Alcuin are specialized school options for families who are struggling to find research-based structured literacy and multisensory math intervention for their child in their current school setting. Through the application process, we want to get to know an applicant's strengths and weaknesses as well as possible. We appreciate you sharing your insights with us.

Name of student: _____

How long have you known the applicant? In what context?

Your Name: _____

Position: _____

Email: _____



Please share your thoughts about the candidate's strengths and weaknesses in each category below. Place a check in the appropriate box for each criteria. You will be able to share more context on the next page.

	Exceeds age expectations	Age appropriate	Needs development
Attention skills, concentration, focus			
Follows directions when asked			
Works cooperatively in groups			
Seeks help when needed			
Willing to try new activities			
Reacts appropriately to setbacks			
Emotional regulation (mood, temper, attitude)			
Physical regulation (control of body, impulse control)			
Demonstrates a positive attitude			





Please share your thoughts on each of the following regarding the candidate:

1. Academic strengths and weaknesses: effort, curiosity, motivation, achievement in relation to potential, class participation

2. Learning modalities: auditory processing, visual processing, memory, application of learned skills, distractibility, working pace

3. Social skills: cooperation and interaction with peers, interaction with adults, respect for others, awareness of social cues

4. Emotional maturity: self-confidence, respect for limits and routine, compliance, ability to make transitions, response to frustration

5. Is there anything else that we should know about this student as we are making an admissions decision?





Authorization for Release of Confidential Information

We, the undersigned, do hereby authorize the release of any and all oral or written social history, medical, academic, psychological, psychiatric, or educational planning, and testing information concerning our child _____ and our family from any public or private agency, included but not limited to those listed below, to Redwood Schools. We also give permission to administrators and faculty of Redwood Schools to observe our child in his/her school setting and/or with his/her tutor if needed.

We understand that we have a right to inspect and copy all the information and that we have the right to revoke this authorization in writing. Being fully apprised of these rights, it is our intent that this release remains in full force and effect until revoked in writing by the undersigned parties, or until the **expiration date** indicated below, in order that Redwood Schools can be fully informed on a continual basis without repeated requests.

Please list teachers (present and immediate past), principals, tutors, and other professionals with whom the child/student is presently seeing or has seen. If additional space is needed, please use back of release.

Name: Title: Telephone Number: Email:

Date Signed: _____ Signature: _____
(Parent/Guardian)

Expiration Date: _____ Adult Witness: _____

Release expires after one year unless otherwise specified.

