



**Victory Prep
Admissions Application for 2017-2018
Cover Page**

****Note:** This application is for students, ages five to six, seeking an intensive ABA program.

Date of Application: _____

Student's Preferred Name: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Gender: _____ Ethnic Origin (optional): Please mark which category best represents the student:

- Hispanic / Latino / Spanish origin, American Indian / Alaska Native, Asian, Black / African American,
 Native Hawaiian / Other Pacific Islander, White, Other

Primary Medical Insurance Provider: _____

Secondary Medical Insurance Provider: _____

Contact Information for Parents/Guardians

Name #1: _____

Address: _____

Phone: _____ (home) _____ (cell) _____ (work)

Email Address: _____

Name #2: _____

Address: _____

Phone: _____ (home) _____ (cell) _____ (work)

Email Address: _____

Victory Academy | P.O. Box 428 | Tualatin, OR 97062
Ph: 503.570.0147 | Fax: 503.570.0152 | www.victoryacademy.org

Directions: Please type your responses to the following questions and return to Victory Academy with all other requested documents, including cover page (see list below). Thank you.

Educational History

- What is your child's current educational setting? What do you like about this placement? What concerns do you have about this placement?
- What teaching methods work for your child? What doesn't work?
- Please list the names and dates of past schools attended.
- What attributes are you looking for in a school?
- Does your child have a current IEP? If yes, please attach. If not, please attach any school and/or therapeutic reports, including Behavior Support Plans, Neuropsychological testing, etc.

Biomedical and Therapeutic Information

- Does your child have any current physical or mental health issues that you are addressing?
- Does your child have any known environmental or food allergies? If yes, please describe and how the allergy is treated.
- Describe your child's eating practices, including details about dietary restrictions and food likes and dislikes.
- Please indicate whether your child is receiving/has received the following therapies or support. Include details about setting/provider and dates (if applicable):
 - ABA Therapy
 - Occupational Therapy
 - Physical Therapy
 - Speech and Language Therapy (including augmentative communication)
 - Cognitive Behavioral Therapy
 - Counseling/Psychology
 - Other (Listening Therapy, Hypnotherapy, etc.)
- Which of the above services would you like your child to receive if he/she attends Victory Academy?
- Is your child currently taking any medications? If yes, please provide background details related to prescribing medical doctor, dosage, frequency, and purpose.
- Does your child have a history of ear infections or hearing loss? If so, please attach any relevant hearing tests or screening results.
- Please explain your child's medical diagnosis and whether this has changed/evolved throughout his or her lifetime.

Getting to Know Your Child

- Please describe your child's strengths.
- Please describe your child's challenges.
- Please describe your child's favorite activity when s/he is alone; when s/he is with family; when s/he is with peers.
- Describe a typical Saturday in your child's life.
- Describe your child's response to routines and transitions, both at school (if applicable) and at home.

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- Please describe your child's individual hygiene habits and level of independence, including; eating, dressing, and toileting.
- Has your child exhibited physical aggression toward others in the past? Currently? If yes, please describe what this aggression looks like (ex: hitting, throwing objects, etc.) and under what circumstances it is most likely to occur.
- Please explain if your child has any fears or anxiety.
- Please describe your child's typical demeanor (attention seeking, calm, anxious, mood fluctuations).
- How does your child interact with adults versus peers?
- What is your child's primary method of communication (vocal, written, augmentative, PECS, sign)?
- Does your child use primarily words to communicate? About how many? Under what circumstances are they most often communicating (ex: to request, protest, etc.)?
- Is your child able to clearly express their wants and needs to you? Can less familiar listeners understand them?
- Does your child seem to understand some/most/all of what you say to him/her?
- Does your child imitate simple actions/gestures?
- Please describe your child's eye contact.
- Does your child play independently? If so, with what toys/materials? What is a typical duration of appropriate independent play?
- What is your child's typical attention span for a preferred activity?
- Describe any repetitive or ritualistic behaviors your child exhibits.

Getting to Know You

- In the short term (3-6 months), what are your immediate goals/expectations for your child?
- In the long term (1-3 years), what would you like your child to be able to do/accomplish?
- What do you, as a parent, expect from the Victory Prep Program?

Please note (*also found in Classroom Profiles) that Victory does not enroll students with the following characteristics:

- Students who learn best in one-to-one therapies and/or require one-to-one adult supervision to manage behavior or to maintain safety (for example, the child consistently runs or elopes from settings)
- Students who exhibit consistently unsafe aggression to other students or staff members
- Students who present with mental health challenges that require an integrated mental health team

Is there anything else you would like us to know about your child?

Family Statement

Victory Academy relies on the strengths and talents of the Victory families and larger community to support the school in its fundraising efforts, its student programs, and its model of learning/growth. If you were to join Victory Academy, in what ways would you be interested in helping? Please be specific.

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Please attach the following materials to the application:

1. Treatment summary/progress reports from current services.
2. Any past treatment summary/progress reports.
3. Any other relevant documents
4. A photograph of your child
5. A \$175 check to Victory Academy for the application fee

Please send all materials to Victory Academy's secure PO BOX:

Victory Academy/PO BOX 428/Tualatin, OR/97062

THANK YOU!