



Wediko Children's Services
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Student Application - Teacher Form
© Wediko Children's Services

Date: \_\_\_\_\_

APPLYING TO:

- Wediko School (circle all that apply): Residential Program Day Program 90-Day Assessment Program
Wediko Summer Program

BACKGROUND INFORMATION:

Student's name: \_\_\_\_\_
Age: \_\_\_\_\_ Date of birth (Month, Day, Year): \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Grade in school: \_\_\_\_\_
Teacher's name: \_\_\_\_\_ School phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
School contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
School name: \_\_\_\_\_ Street address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EDUCATIONAL PLACEMENT INFORMATION:

Full-time mainstream classroom setting? [ ] Yes [ ] No
Does student receive special education services? [ ] Yes [ ] No
If yes, % time in special needs class: \_\_\_\_\_
Special education prototype, if appropriate: \_\_\_\_\_

Teacher-to-student ratio: \_\_\_\_\_ Years at present school: \_\_\_\_\_

Days student was absent from school this year: \_\_\_\_\_ Has student been suspended this year? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

If student is being considered for a new educational setting or school after Wediko, please give the name, address, and reason for the change:

\_\_\_\_\_

Please summarize previous special education services that the student has had to date.

- 1. School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Dates: \_\_\_\_\_
Reason for services: \_\_\_\_\_
2. School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Dates: \_\_\_\_\_
Reason for services: \_\_\_\_\_

(Please summarize any additional special education services on an additional sheet.)

**EDUCATIONAL PLAN:**

The information requested in this section is necessary for basic curriculum planning and admissions decisions.

**Assessments**

Please provide the most recent assessment scores. This information is **required** for the application to be considered.

Intelligence

Achievement

Test: \_\_\_\_\_

Test: \_\_\_\_\_

Full scale IQ: \_\_\_\_\_

Reading: \_\_\_\_\_

VCI: \_\_\_\_\_ WM: \_\_\_\_\_

Writing: \_\_\_\_\_

PR: \_\_\_\_\_ PS: \_\_\_\_\_

Math: \_\_\_\_\_ Science: \_\_\_\_\_

Date given: \_\_\_\_\_

Date given: \_\_\_\_\_

**Academic Objectives**

Present Grade Level Functioning

Reading: \_\_\_\_\_

Math: \_\_\_\_\_

Please list educational objectives and current texts from which the student is working:

Reading / Writing objectives

Current text & chapters / Recommended materials

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Math objectives

Current text & chapters / Recommended materials

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other objectives

Current text & chapters / Recommended materials

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Learning Difficulties**

Please indicate any specific learning difficulties and/or disabilities:

- Auditory Processing / Comprehension
- Cognitive Deficits
- ADD/ADHD
- Reading
- Visual Processing / Comprehension
- OT Services
- Social Skills Deficits
- Writing
- Speech / Language Deficits
- Tactile Defensiveness
- Math
- Other: \_\_\_\_\_

Please describe instructional strategies that have been helpful / not helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC INTERESTS**

At Wediko, we utilize students' interests to engage them in the academic curriculum. Please use this space to indicate the student's academic interests. Examples might include: World War II, animals, science fiction, trains, comic books, volcanos, etc.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Favorite Subjects

Least Favorite Subjects

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**CLASSROOM MANAGEMENT STRATEGIES**

Please use this space to indicate helpful strategies for managing this student in class. You might include additional information about: structuring the environment, attending to emotional needs, instructional strategies, and/or optimal group composition. Please also indicate if you have identified approaches that are not successful with this student.

- Short break/ Time Out in classroom
- Short break/ Time Out OUT of classroom
- Classroom-wide behavioral management
- Immediate reinforcements / Consequences
- Tangible rewards
- Small group instruction
- Physical proximity of adult
- Listening to music
- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Problem solving by thinking aloud
- Have student repeat instructions
- Identify and rehearse social skills
- 1:1 instruction
- Physical movement tasks (passing out papers, etc)
- Drawing, use of manipulatives
- Computer time

**CURRENT ADJUSTMENT:**

From your point of view, what are the student's best qualities?

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

From your point of view, what are the student's most serious problems?

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S STRENGTHS:**

At Wediko, knowing the areas in which students excel is essential to providing effective treatment and education. Identifying the student's strengths helps Wediko place him/her in the most appropriate group. Please rate the degree to which the student displays each of the following strengths.

**0 = Not at all descriptive      1 = Slightly descriptive      2 = Fairly descriptive      3 = Highly descriptive**

- |   |   |   |   |                              |   |   |   |   |                                       |
|---|---|---|---|------------------------------|---|---|---|---|---------------------------------------|
| 0 | 1 | 2 | 3 | Easygoing temperament        | 0 | 1 | 2 | 3 | Persists at solving problems          |
| 0 | 1 | 2 | 3 | Sense of humor               | 0 | 1 | 2 | 3 | Works independently                   |
| 0 | 1 | 2 | 3 | Fine motor skills            | 0 | 1 | 2 | 3 | Age-level capacity for planning       |
| 0 | 1 | 2 | 3 | Reads social cues accurately | 0 | 1 | 2 | 3 | Age-level ability to calm/soothe self |
| 0 | 1 | 2 | 3 | Average or above average IQ  | 0 | 1 | 2 | 3 | Advanced gross motor skills           |
| 0 | 1 | 2 | 3 | Capacity for connectedness   | 0 | 1 | 2 | 3 | Age-level moral development           |
| 0 | 1 | 2 | 3 | Stable mood                  | 0 | 1 | 2 | 3 | Positive relationships with adults    |
| 0 | 1 | 2 | 3 | Hopeful future orientation   | 0 | 1 | 2 | 3 | Positive relationships with peers     |
| 0 | 1 | 2 | 3 | Special talents: _____       |   |   |   |   |                                       |

**RISK FACTORS / BEHAVIORAL ISSUES:**

At Wediko, we are particularly concerned about certain problematic behaviors. Information about these behaviors is essential for group placement decisions and individual treatment planning. Below you will find a list of some of these problem behaviors. Please rate the degree to which the student displays each of the following behaviors. Using this scale, write in one number for each item:

<b>0 = Not at all descriptive</b>	<b>1 = Slightly descriptive</b>	<b>2 = Fairly descriptive</b>	<b>3 = Highly descriptive</b>
_____ Aggressive outbursts	_____ Fire setting	_____ School suspensions	
_____ Alcohol/drug abuse	_____ Gang involvement	_____ Self-Injurious behavior or threats	
_____ Attachment difficulties	_____ Harms animals	_____ Sexualized behavior	
_____ Retreats into fantasy	_____ Stimulus seeking	_____ Early sexual activity	
_____ Bedwetting	_____ Defies authority	_____ Soiling (encopresis)	
_____ Stealing	_____ Suicidal ideation	_____ Obsessive/compulsive behavior	
_____ Court involvement	_____ Sleeping disorders	_____ Verbal attacks (including racial and sexual insults)	
_____ Daytime wetting	_____ Poor hygiene	_____ Rapid shifts in mood	
_____ Eating disorders	_____ Runs away	_____ Tics	
_____ Weapon incidents/use	_____ Poor reality testing		

**RESPONSE TO INTERVENTIONS:**

Please rate how well the following statements describe this student's response to school-based interventions. Use this scale:

<b>0 = Not at all descriptive</b>	<b>1 = Slightly descriptive</b>	<b>2 = Fairly descriptive</b>	<b>3 = Highly descriptive</b>
_____ Can discuss family issues.		_____ Can take responsibility for mistakes.	
_____ Can discuss peer relations.		_____ Can show remorse or guilt.	
_____ Can discuss school issues.		_____ Is invested in achievement.	
_____ Can discuss feelings of self-worth.		_____ Is able to work independently.	
_____ Can discuss feelings toward significant others.		_____ Has serious academic problems.	
_____ Can recognize how his/her behavior affects others.		_____ Is able to work effectively in small groups.	
_____ Can identify choice points in stressful situations.		_____ Is willing to participate in new activities.	
_____ Can remember sequences of events accurately.		_____ Is able to cope in age-appropriate ways with transition times.	
_____ Can recognize that other people in family have problems.		_____ Can remember conversations about important problems.	

Person or persons who completed this form: \_\_\_\_\_

**Please include a copy of the current Individualized Education Plan (IEP), if applicable, and return to:**

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