

September 1, 2018

Open Wings: A Learning Community  
Kenosha, WI

## **Admission**

### **ADMISSIONS POLICY**

Decisions regarding admission are based on the Admission Committee's judgment that the applicant and their family will benefit from our specifically designed learning programs. It is our belief that our language-enriched, child-centered, hands-on, experiential learning activities will benefit a wide variety of learning styles and needs. Students who have a history of language delay or may have other neurodevelopmental difficulties, including PDD and autism are invited to apply. Due to the strong emphasis on family involvement, priority is given to siblings of current students. Students are not discriminated against on any status protected by law.

### **ADMISSION PROCEDURE**

Referrals to The Open Wings Learning Community undergo a comprehensive review of documents describing the child. Specifically, we review the results of all assessments conducted on the child, records of previous placements, and Individual Education Plans (IEP). The applicant and his/her family are required to complete the Application, sign the Release Form after listing clinicians, principals, teachers, tutors, and other professionals who the child is presently seeing or has seen; and send to Open Wings Learning Community all diagnostic evaluations, school, and other professional reports.

The Admissions Committee completes the preliminary review of materials. If applications require additional documentation, the referral source (or parent, if self-referred) is advised of such in writing.

Potential student candidates and their parents, legal guardians or caregivers are invited to participate in the interview process. Initially, parents, legal guardians, or caregivers are invited to meet the Executive Director of the school to discuss the program, tour the facility, and review the current status of the child. Next, the prospective student is asked to complete two shadow days at the school (One in the morning and one in the afternoon). The final admissions decision for completed applications occurs after a comprehensive review by the Admissions Committee. Admission decisions are communicated in writing.

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Please send all diagnostic evaluations and other professional reports to our office at Open Wings Learning Community, 7951 36<sup>th</sup> Ave, Kenosha, WI 53142.

Applications are accepted at any time. Admissions decisions will be made within one month of receipt of all application materials and required student interview. The student interview is designed to aid in program decisions and to obtain information regarding level of development and learning style.

The Admissions Committee will review the application when the completed packet has been received and interview is completed.

A completed admissions packet will contain the following:

- Application
- Student Strengths and Needs Profile. One copy completed by the parent/s and one by a teacher or therapist
- Signed Release Form
- Speech/Language, Occupational, and or Physical Therapy evaluations if available
- A current Individual Educational Plan (IEP) if applicable
- Recent photo of the student
- Any other recent testing results
- Non-refundable \$125 fee to cover application processing, review of records, and student evaluation

Please keep original documents for your own files. Any materials submitted to Open Wings remain as part of our confidential records.

Admission decisions will be communicated in writing within one month of completed application process. A response is due two weeks following your receipt of the acceptance letter to ensure your child's placement.

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## APPLICATION

### STUDENT APPLICANT

\_\_\_\_\_  
First Name                      Middle Name                      Last Name

Gender M\_\_\_F\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Applying for Grade \_\_\_\_ Present Grade\_\_\_\_

Present School\_\_\_\_\_

Teacher's Name \_\_\_\_\_

### FAMILY INFORMATION

Parent/Guardian

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone#      Cell Phone#

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Phone# Ext. or cell phone

\_\_\_\_\_  
Educational Background



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**HEALTH INFORMATION**

Please list any special health issues, including allergies:

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Does your child have a history of any of the following?

- Constant colds
- Headaches
- Ear infections
- Bladder problems
- Asthma
- Migraines
- Adenoids
- Surgery, explain \_\_\_\_\_
- Dizziness/fainting spells
- Respiratory infections
- Abdominal pains
- Accidents/broken bones
- Bedwetting
- Seizures
- Tonsils
- Other

Is your child currently taking any medication? Y N

If yes, please list below:

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Medication	Diagnosis
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Medication	Diagnosis
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Has your child ever received psychological counseling? Y N

If yes, please list below:

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Beginning date	Ending date	Frequency
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Therapist(s) \_\_\_\_\_

**CURRENT DEVELOPMENT**

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Name of child's pediatrician	Date of last physical exam
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Address \_\_\_\_\_

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Date eyes last examined \_\_\_\_\_ Vision problems? Y N  
Glasses? Y N Contact lenses? Y N

Date hearing last examined \_\_\_\_\_ Hearing difficulties? Y N  
Hearing aid? Y N

Has your child had a neurological examination?

If so, when? \_\_\_\_\_

Physician's name \_\_\_\_\_

Address Phone#

**SCHOOL HISTORY** (Previous schools your child has attended)

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School	Address	Grades attended
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School	Address	Grades attended
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**TESTING HISTORY**

Date of most recent psychoeducational testing

By whom? \_\_\_\_\_

Date of most recent speech/language  
evaluation \_\_\_\_\_

By whom? \_\_\_\_\_

Is your child currently receiving speech/language therapy? Y N

If yes, please describe \_\_\_\_\_

Date of most recent occupational therapy evaluation

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Is your child currently receiving occupational therapy and/or physical  
therapy? Y N

If yes, please describe \_\_\_\_\_

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**STUDENT STRENGTHS AND NEEDS PROFILE  
(Parent version)**

What are your child's strengths?

Please describe your child's favorite activities and interests.

Please describe your child as a learner.

Please describe how your child communicates: Check all that apply:

Gestures \_\_\_ (does he/she point? Y N)

Single Words \_\_\_

Phrases \_\_\_

Does he/she combine words with gestures (i.e., point and say, "Look at that!" Y N

Does he/she ask questions? Please provide examples:

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Does your child use Picture Exchange Communication System (PECS)?  
Y N

Does your child use an Augmentative Assistive Communication (AAC) device? Y N

Describe your child's relationships with family members.

Describe your child's relationships with friends.

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Describe your child's play skills.

Can he/she pretend to be someone?

Does he/she ever offer to share?

What games does he/she like to play?

Describe concerns you may have about your child's social and emotional learning.

Describe any concerns you may have about your child's behaviors.

Please describe your child's level of independence in daily life.

Please explain why you believe Open Wings might be a good fit for your child's learning and growth?



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**STUDENT STRENGTHS AND NEEDS PROFILE  
(Teacher version)**

What are the child's strengths?

Please describe the child's favorite activities and interests.

Please describe the child as a learner.

Please describe how the child communicates: Check all that apply:

Gestures \_\_\_ (does he/she point? Y N)

Single Words \_\_\_

Phrases \_\_\_

Does he/she combine words with gestures (i.e., point and say, "Look at that!" Y N

Does he/she ask questions? Please provide examples:

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Does the child use Picture Exchange Communication System (PECS)? Y N

Does the child use an Augmentative Assistive Communication (AAC) device? Y N

Describe the child's relationships with family members.

Describe the child's relationships with friends.

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Describe the child's play skills.

Can he/she pretend to be someone?

Does he/she ever offer to share?

What games does he/she like to play?

Describe concerns you may have about the child's social and emotional learning.

Describe any concerns you may have about the child's behaviors.

Please describe the child's level of independence in daily life.

Please explain why you believe Open Wings might be a good fit for the child's learning and growth?

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**Authorization for Release of Confidential Information**

We, the undersigned, do hereby authorize the release of any and all oral and written information concerning our child from any public or private agency, included but not limited to those listed below, to Open Wings. We also give permission to administrators and faculty of Open Wings to observe our child in his/her school setting and/or with his/her tutor. The information requested below is being released for the purpose of assisting in admissions and educational programming. This release authorizes disclosure of any and all oral or written social history, medical, academic, psychological, psychiatric, or educational planning and testing information.

In the case of a mental health facility, the complete disclosure of medical chart and running record or patient log information is authorized. Medical chart information shall include but not be limited to intake and discharge summaries, nursing entries, medical reports, consultations, operating room logs, or any other information relating to the named minor. In the case of a mental health facility, we understand that should we refuse to sign this release, the requested information will not be disclosed and educational planning will not occur.

We understand that we have a right to inspect and copy all 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 remain in full force and effect until revoked in writing by the undersigned parties, or until the expiration date indicated below, which ever comes first, in order that Open Wings can be fully informed on a continual basis without repeated requests. We further intend that carbon, FAX, photocopies, and scanned electronic copies of this release shall have the same force and effect as the original.

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.

<u>Name</u>	<u>Title</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Signed \_\_\_\_\_ Signature \_\_\_\_\_