ACADEMIC YEAR PROGRAM
APPLICANT’S CHECKLIST

☐ Complete Application

☐ Send Teacher Questionnaire to two teachers

☐ Send Request for Release of School Information to child’s school

☐ Send Request for Release of Diagnostic/Psychological Information to psychologist or psychiatrist

☐ Send Physician’s Report to child’s current physician

☐ Mail Application and application fee to THE HILL CENTER

☐ Schedule admissions appointment or attend information session

☐ Schedule admissions testing, if needed
If you are applying for your child to attend The Hill Center’s Summer Program **only**, please complete and send the following information to:

The Hill Center, 3200 Pickett Road, Durham, NC 27705

- Application
- On the Application, please check Durham or Raleigh location
- Application fee (see fee schedule)
- Recent work samples or send the Release of School Information to the school
- If your child has had diagnostic testing, you may send a copy of the testing report or send the Release of Diagnostic Information to the psychologist
- **One** Teacher Questionnaire

If you are applying for **both** The Hill Center’s Summer Program and the Academic Year Program or for the Academic Year Program **only**, please complete the entire application packet.
TO THE PARENT:

Please complete the top section of this form and send it directly to a teacher who knows the applicant well. It is understood that the information released will remain confidential.

Student’s Name ___________________________ Student Currently in Grade ______

Parent’s Signature _________________________ Date _______________________

Teacher’s Name ____________________________

TO THE TEACHER:

The above named student has applied for admission to THE HILL CENTER. We would appreciate your assessment of the student. Your evaluation will be given full consideration and will be kept confidential. Thank you for your time and effort in completing this form.

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Please comment on the student’s specific areas of strength:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Please comment on the student’s specific areas of weakness:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Please comment on the student’s behavioral characteristics related to the classroom and to others:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Keeping in mind that THE HILL CENTER offers a structured environment for students who typically have been diagnosed with learning disabilities, learning differences, or attention deficit disorder, do you consider this student an appropriate candidate for The Hill Center?

(Note: Summer School students do not need to have a diagnosed learning difference.)

☐ yes, confidently ☐ yes, with reservations* ☐ do not recommend

*Please explain reservations:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Additional remarks:

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Teacher’s Name ___________________________ Title or Position ___________________________

How long have you known the applicant? _________ In what capacity? __________________________

School ___________________________

Telephone ___________________________ E-Mail ___________________________

School Address ___________________________

Signature ___________________________ Date ___________________________

After completion, please return this form directly to:

Wendy Speir, Director of Admissions
THE HILL CENTER
3200 Pickett Road
Durham, NC 27705-6010
919-489-7464 ● Fax 919-489-7466 ● wspeir@hillcenter.org
www.hillcenter.org
REQUEST FOR RELEASE OF
DIAGNOSTIC/PSYCHOLOGICAL
INFORMATION

TO THE PARENT:

Please complete this form and send it directly to the Psychologist or Psychiatrist who most recently diagnosed your child’s learning disability or attention deficit disorder.

I hereby authorize ____________________________________________
(insert name of psychologist or psychiatrist)

to release information from the record of ____________________________________________
(insert full name of child)

to THE HILL CENTER.

It is understood that the information will remain confidential.

Parent’s Signature____________________________ Date ______________________

TO THE PSYCHOLOGIST OR PSYCHIATRIST:

The above named student has applied for admission to THE HILL CENTER. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

Please send copies of such materials to:

Wendy Speir, Director of Admissions
THE HILL CENTER
3200 Pickett Road
Durham, NC 27705-6010
919-489-7464 ◆ Fax 919-489-7466 ◆ wspeir@hillcenter.org
www.hillcenter.org

Information Requested:

1. Assessment of intellectual functioning, preferably based on the WISC-IV or a similar assessment. (Please include scaled subtest scores.)
2. Assessment of current social and emotional functioning noting any significant psychological problems and/or results of projective testing.
3. Assessment of perceptual processes.
4. Assessment of academic functioning.
TO THE PARENT:

Please complete the top section of this form and send it directly to your child’s physician. It is understood that the information released will remain confidential.

Student’s Name _______________________________ Student’s Current Grade ________
Parent’s Signature ____________________________ Date _______________________
Physician’s Name ______________________________

TO THE PHYSICIAN:

The above named student has applied for admission to THE HILL CENTER. We would appreciate any information that you may be able to share with us.

1. Medical History
   Serious Illnesses ____________________________________________________________
   Hospitalizations __________________________________________________________
   Accidents _________________________________________________________________
   Allergies _________________________________________________________________
   Physical Handicaps _________________________________________________________
   Seizure Disorder __________________________________________________________
   Asthma _________________________________________________________________

2. Medications
   Please list any medications and dosages currently given for ADD, ADHD, seizures or any disorder of a similar nature:
   ____________________________________________________________

   Is the child currently taking any other type of medication? □yes □no
   For what reason(s)? _____________________________________________________

THE HILL CENTER is a non-profit school serving students in grades K-12, with learning disabilities, learning differences, and/or attention deficit disorder.
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3. Immunization Record *(Please attach most recent immunization record.)*

4. Date of most recent physical examination

5. Additional remarks:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Physician’s Name ________________________________ Telephone ____________________

Address ______________________________________________________________________

Signature ________________________________ Date ____________________

After completion, please return this form directly to:
Wendy Speir, Director of Admissions
THE HILL CENTER
3200 Pickett Road
Durham, NC 27705-6010
919-489-7464 ♦ Fax 919-489-7466 ♦ wspeir@hillcenter.org
www.hillcenter.org
REQUEST FOR RELEASE OF
SCHOOL INFORMATION

TO THE PARENT:

Please complete this form and send it directly to the current school or last school attended by your child.

I hereby authorize ____________________________________________________________ (insert name of school)

to release information from the record of ____________________________________________ (insert full name of child)
to THE HILL CENTER.

It is understood that the information will remain confidential.

Parent’s Signature ____________________________________________ Date ____________________________

TO THE SCHOOL:

The above named student has applied for admission to THE HILL CENTER. We would appreciate having from your files all materials that might be helpful in providing educational services to this student.

Please send copies of such materials to:

Wendy Speir, Director of Admissions
THE HILL CENTER
3200 Pickett Road
Durham, NC 27705-6010
919-489-7464 ♦ Fax 919-489-7466 ♦ wspeir@hillcenter.org
www.hillcenter.org

School Information Requested:

1. Grade Record
2. A copy of all psychological and achievement evaluations
3. Individual Education Plan
4. Teacher, Guidance Counselor and/or other staff comments
5. Any available dated samples of child’s work
6. Scores from End-of-Grade Testing/Writing Test
7. Scores from Competency Test, End-of-Grade Course Testing