

APPLICATION PROCESS //

APPLICATION CHECKLIST

APPLICATION

- Completed Application for Admission
- Non-refundable \$100 application fee payable to The Auburn School

REQUIRED TESTING

- Complete psycho-educational evaluation and report, completed within the last two years, including:
- A cognitive assessment, with, at a minimum, the Wechsler Intelligence Scale for Children (WISC-IV) Wechsler Primary and Preschool Scale of Intelligence (WPPSI) or similar; and
 - For grades 2+, an academic achievement assessment, including reading, math and written language; Completed or updated within the last two years.

OTHER TESTING

- Please provide complete reports from any other testing as available:
- Speech/language evaluation
 - Occupational Therapy evaluation
 - Other

SCHOOL REPORTS

- To be forwarded directly to The Auburn School from current school and teachers
- School Release Form (Completed and submitted to current school.)
 - 2 Teacher Evaluations (Provide forms to two current teachers - if possible both reading/language and math.)

ADDITIONAL INFORMATION

- Include if applicable
- Progress Reports from any tutors or related service providers
 - Current IEP or 504 Plan
 - Information on any medical conditions
 - Provider Release Form (Submit to all providers listed in the Service History section of this application.)

APPLICATION TIMELINE

February 1

Complete Application & Application Fee Due

February 28

Testing, School Reports & Additional Information Due

March 15

Financial Aid Application Due

Mid-March

Admissions Decisions Mailed

Applications received after the deadline will be considered on a space available basis.

ADMISSIONS VISIT

Open Houses are scheduled throughout the year and we are happy to schedule individual tours for parents and professionals. Please join us to learn more about our unique education program, the admissions process, and our financial aid and scholarship opportunities.

Please visit www.theauburnschool.org for Open House Schedules or contact us to schedule an individual tour.

BALTIMORE

Admissions.Baltimore@theauburnschool.org
Tel (410) 617-0418

FAIRFAX

Admissions.Fairfax@theauburnschool.org
Tel (703) 793-9353

SILVER SPRING

Admissions.SilverSpring@theauburnschool.org
Tel (301) 588-8048

Please return admissions materials to:

BALTIMORE CAMPUS

The Auburn School
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APPLICATION *for* ADMISSION //

NAME OF APPLICANT

LAST FIRST MIDDLE INITIAL

APPLYING FOR GRADE CURRENT GRADE

GENDER MALE FEMALE

CAMPUS FAIRFAX SILVER SPRING BALTIMORE

We/I confirm that the information in this application is accurate and complete. We/I grant permission to The Auburn School to obtain any information deemed necessary to complete the application process. This includes, but is not limited to, information from previous schools, service providers or any other individuals that may have knowledge useful to the admissions process. We/I understand that false, misleading or omitted information provided in this application may result in denial of admission, or dismissal in the event of admission.

SIGNATURE OF PARENT/GUARDIAN #1 DATE

SIGNATURE OF PARENT/GUARDIAN #2 DATE

ADMISSIONS POLICY

It is our intention to accept students who can be well served by our program. The Auburn School applies all policies and procedures, including admissions, equally to all students and does not discriminate on the basis of race, religion, socio-economic status, sexual orientation, or national or ethnic origin. Application review will begin when the application is complete. It is the parents' responsibility to ensure that copies of all required reports are forwarded to The Auburn School to complete the application. Offers will not be made until applications are complete.

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ADMISSIONS VISIT

Once we have received the completed Application for Admission and application fee, we will review the application and will contact you to schedule a student visit if we believe your child can be well served by our program.

APPLICANT INFO

AGE _____ DATE OF BIRTH _____ BIRTHPLACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ATTACH RECENT
PHOTOGRAPH
(OPTIONAL)

OPTIONAL INFORMATION

The following information is optional. Providing this information helps us to complete various statistical surveys and to better understand our admissions patterns regarding diversity. Please indicate your child's racial/ethnic affiliation, if desired.

AFRICAN-AMERICAN CAUCASIAN MULTI-RACIAL OTHER ASIAN-AMERICAN
 HISPANIC/LATINO MIDDLE EASTERN NATIVE AMERICAN HAWAIIAN/PACIFIC ISLANDER

PARENT/GUARDIAN #1

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

PROFESSION _____

EMPLOYER _____

CITY _____ STATE _____ ZIP _____

EDUCATION _____

PARENT/GUARDIAN #2

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

PROFESSION _____

EMPLOYER _____

CITY _____ STATE _____ ZIP _____

EDUCATION _____

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FAMILY

THE APPLICANT'S PARENTS ARE: MARRIED DIVORCED SEPARATED OTHER

Please provide any additional information that may be helpful to understand the child's family or living arrangements.

The applicant is child # ____ of ____ children in the family. If your child was adopted, at what age? _____

Does the family speak a language other than English at home? If so, please list:

PLEASE LIST SIBLINGS OF THE APPLICANT

NAME	AGE	SCHOOL
NAME	AGE	SCHOOL
NAME	AGE	SCHOOL

SCHOOL HISTORY

CURRENT SCHOOL

PRINCIPAL PHONE

ADDRESS CITY STATE ZIP

PRIOR SCHOOLS ATTENDED:

SCHOOL/GRADE(S)	ADDRESS	DATES ATTENDED
SCHOOL/GRADE(S)	ADDRESS	DATES ATTENDED
SCHOOL/GRADE(S)	ADDRESS	DATES ATTENDED

EDUCATIONAL HISTORY

Please describe your child's learning and social challenges and/or any diagnoses made. Please provide as much detail as possible, including when and how any specific diagnoses were made.

Please describe your child's areas of academic strength.

Has your child ever repeated a grade? If so, please describe the reasons and which grade(s).

Please describe any concerns you have regarding your child's social, emotional or behavioral functioning, or any past history of difficulties in these areas.

Has your child been subject to any disciplinary actions at his/her current or past schools? If so, please describe.

TESTING HISTORY

Please provide information on all professional assessments or evaluations that your child has received.
For each assessment listed below, please submit a complete copy of the written report with this application.

EVALUATION	DATE	EVALUATOR
PSYCHO-EDUCATIONAL		
SPEECH/LANGUAGE		
OCCUPATIONAL THERAPY		
OTHER		
OTHER		

Does your child have an IEP or 504 Plan? _____ If yes, please attach a copy.

SERVICE HISTORY

For each assessment listed below, please submit a complete copy of the written report with this application.

PROVIDER NAME // PHONE

SERVICES PROVIDED // FREQUENCY

MEDICAL HISTORY

Please briefly describe any current or prior medical conditions affecting your child, including allergies, vision and hearing.

Please list any medications your child is currently taking and the conditions for which they were prescribed.

MEDICATION	CONDITION

MEDICATION	CONDITION

MEDICATION	CONDITION

STUDENT INFORMATION

What are your child's key personal strengths?

What organized activities, clubs, sports, lessons or other groups does your child participate in at school or in the community?

What are your child's hobbies, activities or interests, outside of the above?

FOR EACH STATEMENT, PLEASE MARK THE DESCRIPTION THAT MOST ACCURATELY DESCRIBES YOUR CHILD

	OFTEN	SOMETIMES	RARELY	NEVER
1. My child prefers to do things on his/her own rather than with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child prefers to do things the same way over and over again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child reacts to small sounds, movements, and touch when others would not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In a social group, my child has difficulty keeping track of and participating in reciprocal conversations with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child finds social situations difficult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child finds it difficult to make and sustain friendships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child finds it hard to read social cues and body language of peers and adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It upsets my child if the daily routine is disturbed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child finds it hard to read between the lines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. New situations make my child anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My child has difficulty following multi-step directions accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My child tends to need assistance to initiate homework tasks and obtain needed materials to start a project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Long term planning, step by step organization, and problem solving are challenging for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My child finds it hard to maintain order of materials and space; i.e. backpack, toys, clothes, bedroom, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are your expectations for your child at The Auburn School?

Please provide any additional information that you feel may be helpful in understanding your child.

REFERRALS

Please list the names of any sources through which you heard about The Auburn School.

PROFESSIONAL REFERRALS (DOCTORS, PSYCHOLOGISTS, CONSULTANTS, TUTORS, ETC.)

MEDIA (NEWSPAPERS, MAGAZINES, ETC.)

INTERNET

FRIENDS

AUBURN WEBSITE

OTHER

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TEACHER EVALUATION //

NAME OF APPLICANT

LAST

FIRST

MIDDLE INITIAL

APPLYING FOR GRADE

CAMPUS FAIRFAX SILVER SPRING BALTIMORE

TO THE PARENT(S)

Please provide a copy of this form to two (2) of the applicant's current teachers, who must return it directly to The Auburn School. If possible, we would like to receive both a reading/language teacher and math teacher evaluation. Teacher recommendations are provided in confidence as part of the admissions process and do not become part of the student's permanent record. Please sign acknowledging that the information provided to us is confidential and cannot be shared.

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

TO THE TEACHER

Thank you for taking the time to share with us your thoughts about the applicant. Once you have completed the evaluation, please return it directly to the appropriate Auburn School admissions office. See the last page for addresses. This form is confidential and information will not be shared.

SCHOOL

APPLICANT'S CURRENT GRADE

TEACHER

EMAIL & TELEPHONE

How long and in what capacity have you known the applicant?

Our Mission: The Auburn School's program simultaneously supports the development of academic skills, social competency and pragmatic language in an engaging educational environment. Auburn serves students with difficulties in the following areas: social awkwardness; restricted or unusually intense interests or behaviors; atypical speech and language usage; difficulty sustaining conversations or friendships; and trouble successfully interacting in large group settings.

Does the applicant have difficulties or challenges in the areas of pragmatic language, communication, socialization, and organization?

YES NO Comments: _____

Our program is designed for intellectually engaged students with average to above average cognitive abilities. The Auburn School maintains strong academic standards and expects that all students will pursue diploma-track programs and college matriculation.

Is the applicant intellectually engaged with average to above-average cognitive abilities?

YES NO Comments: _____

Auburn is equipped to serve students that can learn successfully and appropriately in a small classroom setting. Our class size ratios are in the range of 1:5. While students may have some challenges with anxiety, low self-esteem, attention or idiosyncratic behavior, we are unable to serve students who require very small instructional ratios or who have significant aggression or persistent emotional or behavioral difficulties.

Is the applicant emotionally and behaviorally appropriate for Auburn's setting?

YES NO Comments: _____

TEACHER EVALUATION //

INDICATE THE APPLICANT'S PERFORMANCE IN EACH OF THE FOLLOWING AREAS, AS APPROPRIATE, AND AS YOU HAVE HAD THE OPPORTUNITY TO OBSERVE.

		TOP 5%	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	AREA OF CONCERN	COMMENTS
ACADEMIC ABILITIES	Reading fluency / decoding						
	Reading comprehension						
	Spelling						
	Vocabulary						
	Written expression						
	Writing mechanics						
	Handwriting						
	Oral expression						
	Math computation						
	Math word problems						
	Creativity / Imagination						
	Grasp of new concepts						
	Intellectual curiosity						
	Critical thinking						
Academic potential							
CLASS PERFORMANCE	Attendance						
	Class participation						
	Teamwork						
	Following directions						
	Seeking help when needed						
	Attention span/focus						
	Ability to transition activities						
	Memory						
	Work ethic/effort						
	Self-motivation/initiative						
	Independent work						
	Study habits						
	Time management						
	Organization of work						
Reading for pleasure							
SOCIAL DEVELOPMENT	Ability to work in groups						
	Conduct and behavior						
	Emotional maturity						
	Self-confidence						
	Emotional stability						
	Resilience/perseverance						
	Integrity/honesty						
	Sense of humor						
	Respect for others						
	Sense of responsibility						
	Relationship with peers						
Relationship with adults							
Leadership							

PLEASE CIRCLE ALL WORDS YOU FEEL DESCRIBE THE APPLICANT.

- | | | | | | |
|-------------------|-------------|-----------------|-----------------|---------------|------------------|
| BRIGHT | SOCIAL | DISTRACTIBLE | POPULAR | CURIOUS | INTROVERTED |
| IMMATURE | DISTRACTING | WITHDRAWN | INDEPENDENT | FOLLOWER | ARTICULATE |
| EASILY FRUSTRATED | COURTEOUS | HURTFUL | SAD | INATTENTIVE | TESTS BOUNDARIES |
| SITS OUT | CONFIDENT | SUPPORTIVE | RESILIENT | CREATIVE | GIVES UP |
| MUSICAL | IMAGINATIVE | IMPULSIVE | OVER-PROTECTED | DISOBEDIENT | UNMOTIVATED |
| GIFTED | CARING | CARELESS | PARTICIPATES | DEPENDENT | PHYSICAL |
| RESPONSIBLE | ANXIOUS | HAPPY | FUNNY | MOTIVATED | STUBBORN |
| HELPFUL | DISHONEST | ASSERTIVE | IRRITABLE | CALM | HONEST |
| DISORGANIZED | OUTGOING | ORGANIZED | FOCUSED/INTENSE | LONER | ENERGETIC |
| SELF-CENTERED | SHY | NEGATIVE LEADER | RESTLESS | PERFECTIONIST | ATHLETIC |
| SELF-DISCIPLINED | PASSIVE | LEADER | AGREEABLE | IRRESPONSIBLE | |

Please list a few other words that you feel describe the applicant

Please list or describe any teaching techniques or strategies that have proven helpful.

Please list and describe any instances of disciplinary action involving the student that you are aware of.

Please describe the student-parent relationship and interaction.

Please describe the parents' relationship and involvement with the school faculty and the broader school community.

Please list any additional information that you feel the review committee might find useful in considering the applicant.

BENEFIT FROM AUBURN PROGRAM	GREATLY BENEFIT	BENEFIT	SOMEWHAT BENEFIT	UNSURE	AREA OF CONCERN	COMMENTS
Social Development Support						
Academic Development						
Executive Functioning Support						
Small Classroom Environment						

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TEACHER EVALUATION //

NAME OF APPLICANT

LAST _____ FIRST _____ MIDDLE INITIAL _____
 APPLYING FOR GRADE _____ **CAMPUS** FAIRFAX SILVER SPRING BALTIMORE

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SCHOOL _____ APPLICANT'S CURRENT GRADE _____

TEACHER _____ EMAIL & TELEPHONE _____

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	Sense of responsibility						
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Relationship with adults							
Leadership							

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- | | | | | | |
|-------------------|-------------|-----------------|-----------------|---------------|------------------|
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| SITS OUT | CONFIDENT | SUPPORTIVE | RESILIENT | CREATIVE | GIVES UP |
| MUSICAL | IMAGINATIVE | IMPULSIVE | OVER-PROTECTED | DISOBEDIENT | UNMOTIVATED |
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SCHOOL RELEASE FORM //

APPLICANT INFO

LAST _____ FIRST _____ MIDDLE INITIAL _____
 APPLYING FOR GRADE _____ **CAMPUS** FAIRFAX SILVER SPRING BALTIMORE

TO THE PARENT(S)

Please complete this form and give it to an administrator at your child's current school I authorize the release of my child's academic transcripts and other information requested below to The Auburn School.

SCHOOL NAME _____ APPLICANT'S CURRENT GRADE _____

ADMINISTRATOR'S NAME _____ TELEPHONE & EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

TO THE SCHOOL

The student listed above has applied for admissions to The Auburn School. In order to process the application, we request that you send us all of the following information, along with a copy of this form.

Please include:

All grade reports and academic transcripts for the past two years and the current school year	ENCLOSED	NOT AVAILABLE
All standardized test results	<input type="checkbox"/>	<input type="checkbox"/>
Any recent teacher reports	<input type="checkbox"/>	<input type="checkbox"/>
A school profile, if available	<input type="checkbox"/>	<input type="checkbox"/>

Please summarize any disciplinary actions taken involving the student if any.

For a financial administrator: Has the family satisfied all current financial obligations to your school?

YES NO

Please save a copy of this form in the student file as we will request a transcript at year-end in the event the student is admitted to The Auburn School.

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PROVIDER RELEASE FORM //

APPLICANT INFO

LAST

FIRST

MIDDLE INITIAL

APPLYING FOR GRADE

CAMPUS FAIRFAX SILVER SPRING BALTIMORE

TO THE PARENT(S)

Please provide a copy of this form to each service provider listed on the student's application under Service History.

To the Service Provider: I authorize you to release all information requested by The Auburn School regarding services you have provided to my child, for the purpose of admissions and continued enrollment. This includes, but is not limited to, all records, evaluations, reports, transcripts and other information. I further authorize you to discuss with Auburn personnel any services you are providing, or have provided, to my child. This authorization includes providing information to and communicating with Auburn staff as part of the admissions process, but also on an ongoing basis in the event my child is admitted and enrolled.

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

TO THE SERVICE PROVIDER

The student listed above has applied for admissions to The Auburn School. We may be contacting you to discuss the services you have provided to the student.

Please save a copy of this form in the student's file. In the event the student is admitted and enrolled, the parent has provided permission for us to continue our discussions regarding the student on an ongoing basis.

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Fax (410) 617-0636
Admissions.Baltimore@theauburnschool.org

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