



Reinhardt University

Application Supplement Academic Support Office Learning Disabilities Program

In addition to the regularly required application materials, applicants for A.S.O. must submit:

1. An evaluation of the student's learning disability prepared by the school psychologist who serves the student's high school or by a psychologist in private practice. The report must include the following tests administered within the past three years: WAIS-R or WISC-R and achievement tests, i.e. WRAT or Woodcock-Johnson.
2. The student's Individual Educational Plan (IEP) for as many high school years as possible.
3. Three letters of reference. Letters should address the student's intelligence, motivation, ability to set realistic goals, interpersonal skills, and readiness for college.
4. Students applying for the Academic Support Program may be invited for an interview.

STUDENT HISTORY

The applicant should complete the following information.

Name _____ Date _____

1. What diagnoses have been given for your learning problems?
By whom and when?

2. What is your understanding of how you learn best and of your learning difficulties?

3. Have you received services for your learning disability in public schools? Please indicate grades, 1-12.
 Contained classroom? _____ Grades _____
 Resource assistance? _____ Grades _____

4. Have you attended a school that especially addresses learning disabilities?
 Yes _____ No _____
 If yes, which school did you attend? _____
 Grades attended? _____

5. Have you received any tutoring, counseling, or special therapy of any kind?
 Yes _____ No _____ If yes, by whom?
 Tutor: _____ Dates: _____
 Learning Disabilities specialist: _____ Dates: _____
 Psychologist/Psychiatrist: _____ Dates: _____

6. Do you have any medical problems that are significant to your present well being?

7. Do you currently take any medication? Yes _____ No _____
 If yes, please list the medication and the medical condition for which it is prescribed.

8. Is your vision normal? Yes _____ No _____ If no, please describe.

9. Is your hearing normal? Yes _____ No _____ If no, please describe.

10. Do you have any motor coordination difficulties or physical restrictions? If yes, please describe.

11. What are your hobbies and/or interests?

12. Is there any additional information you would like for the A.S.O. faculty to know about as they review your application?