

# Application Form for Learning Support Services

**Instructions:** This form should accompany all applications of students interested in being admitted into the ACS Athens Optimal Match Learning Support Program. Please fill out the form completely and submit with it all required documentation, prior to admission to the school.

**Documentation Checklist:**

Prior to acceptance to the Optimal Match Program, all of the following items must be submitted, reviewed and approved by the Optimal Match Committee.

All information disclosed in this form is  
**STRICTLY CONFIDENTIAL**  
and will be used by ACS Athens strictly regarding the admission of the student mentioned below.

**Processing Fee: 150 Euros**  
*Payable upon submitting this application*

- Review Optimal Match booklet and admission materials.
- Copies of all formal evaluation reports (*Occupational Therapy, Physical Therapy, Speech Therapy, Psycho-educational/Cognitive Testing, Optometric Evaluation, or other*)
- Individual Education Plans (IEP)
- Latest Medical Information
- Previous two years learning support reports
- Completed Student Profile – Student Form (*for Elementary School Applicants*)
- Completed Student Learning Style Inventory (*for Middle School/Academy Applicants*)
- Complete Report cards and/or transcripts of at least two previous years of schooling. *If not in English, transcripts must be officially translated.*
- Spend one or two days at ACS for observations (*after appointment*)
- Informal Assessment (*Reading, Writing, Math*)
- Interview with the student

**Student Information**

**Name** (First/Middle/Last):

**Gender:**  Male  Female

**Date of Birth** (dd/mm/yyyy):

**Place of Birth** (City/Country):

**Citizen of:**

**Native Language:**

**Grade Planning to attend at ACS Athens:**

**Year Planning to Enroll:**

**Referral Information**

**Who referred you to the Optimal Match Program:**

**Please state briefly the reasons you sought this referral:**

**Please explain briefly your expectations of the OM Program:**

ACS Athens reserves the right to withdraw a student's acceptance, or decline placement to the Optimal Match Program, if information pertinent to this application has been intentionally withheld or misrepresented.

Family History	YES	NO
Does anyone in the family have learning differences? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have any other type of disability (e.g. physical, emotional, vision or hearing impairment)? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Describe any family issues which you feel have affected your child's learning:		
<b>Health Information</b>		
Does your child have vision problems? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had an eye exam within the last two years? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have problems with hearing? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child suffered from frequent ear infections or tubes in his/her ears?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wear a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a hearing exam within the last five years? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have allergies or asthma? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
If yes in previous question, how do allergies, asthma, and medications influence his/her class work?		
Is your child on any medications at the present time? If yes, please give the name of the medication, dosage and reason for taking:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been on a long-term program of medication? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>

Health Information (cont.)	YES	NO
Has your child ever had problems with attention, concentration or hyperactivity? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a head injury? If yes, specify when and describe incident:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had seizures? If yes, please specify when and describe:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had any serious injuries or illnesses (e.g. headaches, fever etc)? If yes, please specify when and please describe their impact on his/her education:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been hospitalized? If yes, please specify when and for how long:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Educational Information</b>		
As far as you can recall, when did your child first start having difficulties in school? Grade: _____ Not Applicable: <input type="checkbox"/>		
Why do you think your child is facing problems in school? (Check all that apply)		
<input type="checkbox"/> Specific learning disability <input type="checkbox"/> Tasks too difficult <input type="checkbox"/> Physical handicap <input type="checkbox"/> Home environment <input type="checkbox"/> Lack of Internet in school <input type="checkbox"/> Limited ability <input type="checkbox"/> Emotional Problem <input type="checkbox"/> Bad luck <input type="checkbox"/> Poor attendance <input type="checkbox"/> Hereditary <input type="checkbox"/> Lack of school resources <input type="checkbox"/> Faculty shortcomings		
Other: _____		
Does your child have a tutor at home? If yes, for what subject(s) and how often?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child attended more than two elementary schools (JK - 5)? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>



<b>Educational Information (cont.)</b>	<b>YES</b>	<b>NO</b>
Has your child attended more than three schools in grades 7- present? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been evaluated by a specialist? If yes, when and by who?	<input type="checkbox"/>	<input type="checkbox"/>
What was the evaluation's diagnosis?		
Has your child ever been held back to repeat a grade(s)? If yes, what grade(s) and why?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever received special aid in resource/support classes? If yes, in what grades and what kind of help did he/she receive?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child on Academic Probation? If yes, why?	<input type="checkbox"/>	<input type="checkbox"/>
<u>On separate piece of paper</u> , please list all of your child's current classes. Describe any difficulties he/she is experiencing in each. Please estimate how much time does he/she spend each week (including Saturday and Sunday) preparing for each of these classes?		
Have you discussed his/her difficulties with the instructor(s)?	<input type="checkbox"/>	<input type="checkbox"/>
In what types of class(es) has your child done well?		
What are your child's goals for after High School?		
<b>Cultural - Linguistic Background</b>		
Is English your child's native language?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If YES, please continue to the next section. If NO, please continue with the rest of the questions in this section</b>		
Which language(s) does your child speak at home?		
<input type="checkbox"/> English and some other language (specify): <input type="checkbox"/> Other languages only (specify):		
Describe any learning difficulties your child had in his/her first language:		
At what age did your child begin to learn English?		

<b>Cultural - Linguistic Back-ground (cont.)</b>	<b>YES</b>	<b>NO</b>
Describe any learning difficulties he/she had in learning English:		
In what grade did your child come to ACS Athens (existing students)?		
Has your child taken English as Second Language (ESL) or bilingual classes?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goals &amp; Expectations</b>		
What kind of help do you expect to get from Optimal Match?		
What more can your child's teachers do to help him/her be successful at school?		
What can you do to help your child be successful at school?		



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**Learning Style Inventory**  
(for Middle School or Academy Applicants Only)

To better understand how you prefer to learn and process information, place a check in the appropriate space after each statement below. When reviewing your Application Form to the Optimal Match Program, this Inventory will assist us in creating the best support program for your needs. This 24-item survey is not timed. Respond to each statement as honestly as you can. This inventory is a confidential document.

		<b>Often</b>	<b>Sometimes</b>	<b>Seldom</b>
1	I can remember best about a subject by listening to a lecture that includes information, explanation and discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I prefer to see information written on a chalkboard and supplemented by visual aids and assigned readings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I like to write things down or to take notes for visual review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I prefer to use posters, models, or actual practice and other activities in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I require explanations of diagrams, graphs, or visual directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I enjoy working with my hands or making things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I am skillful with and enjoy developing and making graphs and charts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I can tell if sounds match when presented with pairs of sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I can remember best when by writing things down several times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I can easily understand and follow directions on a map.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I do best in academic subjects by listening to lectures and tapes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I play with coins or keys in my pocket.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I learn to spell better by repeating words out loud than by writing the words on paper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I can understand a news article better by reading about it in a newspaper than by listening to a report about it on the radio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I chew gum or have a snack while studying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I think the best way to remember something is to picture it in your head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I learn the spelling of words by 'finger spelling' them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I would rather listen to a good lecture or speech than read about the same material in a textbook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I am good at working and solving jigsaw puzzles and mazes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I grip objects in my hands during learning periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I prefer listening to the news on the radio rather than reading about it in the newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I prefer obtaining information about an interesting subject by reading about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I am comfortable with others, hugging, handshaking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I follow oral directions better than written ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Learning Style Inventory (for Middle School or Academy Applicants Only)

*Continued*

In the space provided below, please write a paragraph about yourself. Include what difficulties you face in school, and what you enjoy doing in your free time.


## Scoring Procedures

**Directions:** place the point value on the line next to the corresponding item below. Add the points in each column to obtain the preference score under each heading.

- OFTEN= 5 points
- SOMETIMES = 3 points
- SELDOM = 1 point

Visual		Auditory		Tactile	
Question No.	Score	Question No.	Score	Question No.	Score
2		1		4	
3		5		6	
7		8		9	
10		11		12	
14		13		15	
16		18		17	
19		21		20	
22		24		23	
<b>TOTAL VPS:</b>		<b>TOTAL APS:</b>		<b>TOTAL TPS:</b>	

VPS = Visual Preference Score, APS = Auditory Preference Score, TPS = Tactile Preference Score

**If you are a visual learner,** by all means be sure that you look at all study materials. Use charts, maps, filmstrips, notes, videos, and flash cards. Practice visualizing or picturing words and concepts in your head. Write out everything for frequent and quick visual review.

**If you are an auditory learner,** you may wish to use tapes. Tape lectures to help fill in gaps in our notes. But do listen and take notes – and review your notes frequently. Sit in the lecture hall or classroom where you can hear well. After you have read something, summarize it and recite it aloud. Talk to other students about class material.

**If you are a tactile learner,** trace words as you are saying them. Facts that must be learned should be written several times. Keep a supply of scratch paper on hand for this purpose. Taking and keeping lecture notes is very important. Make study sheets. Associate class material with real-world things or occurrences. When appropriate, practice role playing.

# Application Form for Learning Support Services

## Elementary School Student Profile Form (for students for grade K-1, a parent or guardian may transcribe student's answers)

<p>What am I interested in?</p>  <p>Things I want to learn:</p>  <p>I am very good at:</p>  <p>I need most help with:</p>  <p>Help I have received in the past:</p>  <p>Suggestions I have about working with me:</p>  <p>I think I learn best when:</p>	<p>The kinds of books I like to read are:</p>  <p>My first choice of what I do at home when I have free time is:</p>  <p>If I could have anything I wanted, I would choose:</p>  <p>When I grow up I think I want to be a _____ because:</p>  <p>Something I want people to know about me is:</p>  <p>My least favorite thing to do is:</p>  <p>On a <u>separate piece of paper</u>, draw a picture of your family</p>
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The **Optimal Match Learning Support Program** at ACS Athens, with the support of the **Stavros Niarchos Foundation**, desires to pioneer in expanding the horizons to include all students with learning differences. The **High Performing Student Program (HPS)** aims to identify students with exceptional strengths and create a learning environment in which students can fully develop these talents and interests without losing their sense of connection as part of the class.

In the HPS Program, students focus on their *strengths* and expand on them. The students meet regularly with a HPS Specialist who has small class sizes with no more than a *4:1 student/teacher ratio*. While in the HPS class students concentrate on enriched programs while collaborating with their classroom teachers. Programs focus on the student to think abstractly and to creatively find a solution to a problem; such as debatable arguments; problem solving scenarios, literature discussions, enriched mathematical problems, and any numerous activities to encourage the students to think out side the box.

The HPS Program works closely with students, teachers, counselors, parents, and administrators to ensure the best educational opportunity for all students.