



## PLEASE COMPLETE BEFORE SUBMITTING APPLICATION

### The Katherine Thomas High School Application Check Sheet

A completed application consists of the following:

- \_\_\_\_\_ Application form with \$100.00 non-refundable application fee
- \_\_\_\_\_ **Evaluations** (complete report of the most recent):
  - \_\_\_\_\_ Psychological **or** Educational **or** Neuropsychological
  - \_\_\_\_\_ Speech/Language Evaluation
  - \_\_\_\_\_ Occupational Therapy Evaluation (if applicable)
- \_\_\_\_\_ Individualized Education Plan (IEP) if available
- \_\_\_\_\_ Evaluation Forms (included in application packet)
- \_\_\_\_\_ Report Release Form (included in application packet)
- \_\_\_\_\_ Current report card **and** transcript, which should include grades and any standardized test results.

**The Admissions Committee can review the records only when the application packet is complete.**



## **HIGH SCHOOL ADMISSIONS PROCEDURES**

1. Interested parents should call the Admissions Coordinator to attend an Open House, or arrange a personal interview and tour of the school. The completed application form should then be submitted with the Parent Evaluation Form, and the \$100.00 application fee.
2. Current psychological and educational tests are required, and reports may be submitted with the application, or sent directly to the Admissions Coordinator from professionals. We recommend a psychological evaluation within two years of the date of the application, and an educational evaluation within one year. Other relevant tests and reports (speech/language, occupational therapy, tutoring, etc.) should also be submitted. The child's present teacher should be asked to complete and submit the Teacher Evaluation Form.
3. A member of the Admissions Committee and individual classroom team members will observe the prospective student during the 2-day visit to the school. The student may also be invited to join parents for an interview, as appropriate.
4. The Admissions Committee will review application information to determine the appropriateness of our program for each prospective student. The Admissions Coordinator will then confer with parents as to the admission decision.

The Katherine Thomas High School program has a rolling admissions policy, whereby students may apply at any time during the year and receive an admissions decision as soon as the process is completed. Students are encouraged to enroll at any time, and mid-year enrollments will be made, if appropriate, as space is available.



The Katherine  
Thomas School  
**TLC**  
The Treatment and Learning Centers

9975 Medical Center Drive  
Rockville, MD 20850  
301.738.9691  
TTY 301.424.5203  
Fax 301.738.8897  
www.ttlc.org

## APPLICATION FOR ADMISSIONS HIGH SCHOOL

Academic Year: \_\_\_\_\_

Grade you are applying for: \_\_\_\_\_

Please send this application with \$100 application fee to the Admissions Coordinator.

### APPLICANT INFORMATION

Student's Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Home Address: \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

Home Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Gender: ( ) Male ( ) Female Name that student prefers to be called: \_\_\_\_\_

Present School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Have you ever applied before? \_\_\_\_\_ What year? \_\_\_\_\_

### PREVIOUS SCHOOLS

Name of School: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Grade(s) Attended/Dates of Enrollment: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Grade(s) Attended/Dates of Enrollment: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (COMPLETE FOR EACH PARENT/GUARDIAN)**

( ) Dr. ( ) Mr. ( ) Mrs. ( ) Ms. ( ) Rev. ( ) Esq. ( ) Other \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name of parent: \_\_\_\_\_  
FIRST MIDDLE LAST

Home Address (if different from applicant): \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_

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( ) Dr. ( ) Mr. ( ) Mrs. ( ) Ms. ( ) Rev. ( ) Esq. ( ) Other \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name of parent: \_\_\_\_\_  
FIRST MIDDLE LAST

Home Address (if different from applicant): \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_

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Legal Guardian (if not parent): \_\_\_\_\_

Person Responsible for Tuition: \_\_\_\_\_

**TESTING**

Testing your child has been given:

Type of Test	Tested by	Date
____ Educational	_____	_____
____ Psychological	_____	_____
____ Speech/Language	_____	_____
____ Occupational Therapy	_____	_____
____ Other	_____	_____

**PLEASE ENCLOSE TEST REPORTS WITH THE APPLICATION.**

Has your child received any special education services? Please check as appropriate:

- |                                    |                              |
|------------------------------------|------------------------------|
| ____ Resource Room                 | ____ Speech/Language Therapy |
| ____ Tutoring                      | ____ Occupational Therapy    |
| ____ Special Education Class       | ____ Counseling              |
| ____ Other (please describe) _____ |                              |

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Why would you like your child to attend The Katherine Thomas High School?

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From what source(s) have you heard of us? (Please be specific.)

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I give The Katherine Thomas High School permission to contact any professional involved in the assessment, education or treatment of my child \_\_\_\_\_ for additional information if necessary.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PARENT EVALUATION FORM

\_\_\_\_\_ (child's name)

We would like you to tell us about your child. Please feel free to add any comments you wish.

1. What are your child's strengths and areas of special interest?
2. What are your child's weak areas?
3. How does your child relate to peers?
4. How does your child relate to adults?
5. How does your child learn best?

6. How do his/her social skills and maturity compare to age mates?
  
  
  
  
  
  
  
  
  
  
7. Does your child have any medical or behavioral problems which will affect learning at school?
  
  
  
  
  
  
  
  
  
  
8. Other comments:

9. Name \_\_\_\_\_

Date \_\_\_\_\_

Thank you for taking the time to complete this form. Please return it with the High School Admissions Application.



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## TEACHER EVALUATION FORM

\_\_\_\_\_ (student's name) has applied to The Katherine Thomas High School. We would like you to tell us about this student. Please feel free to add any comments you wish.

1. What are this student's strengths and areas of special interest?
2. What are this student's weak areas or specific learning and language disabilities?
3. How does this student relate to peers?
4. How does this student relate to adults?
5. How do his/her academic skills compare to classmates?

6. How do his/her social skills and maturity compare to classmates?
  
7. Has this student had any medical or behavioral problems which affect learning at school?
  
8. Please briefly describe the type of educational program in your classroom (e.g., regular or special education, academic level, degree of structure, size of class, etc.)
  
9. Other comments:
  
10. Teacher's Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Date: \_\_\_\_\_
11. May we call you for further information? \_\_\_\_yes \_\_\_\_no  
If yes, what days and hours are convenient? \_\_\_\_\_  
Telephone: Home\_\_\_\_\_ Work\_\_\_\_\_

Thank you for taking the time to complete this form. Please return it as soon as possible to Admissions Coordinator, The Katherine Thomas School, 9975 Medical Center Drive, Rockville MD 20850.



**Parent/Guardian:**

**Please complete this form if you are working with an attorney, educational advocate, therapist, physician, or other professional who can provide additional information about your child.**

**REPORT RELEASE FORM**

**To:**

**Re:**

_____	Student's Name _____	
(name)		
_____	Date of Birth _____	
(title)		
_____		
(address)		
_____	_____	_____
(phone)	(fax)	(email)

**You are hereby authorized to release records, evaluations, reports, transcripts, verbal, electronic (email), and other information for my child named above to The Katherine Thomas High School.**

_____ Educational	_____ Occupational/Physical Therapy Report
_____ Medical	_____ Psychological
_____ Speech/Language	_____ Other _____

**The Katherine Thomas High School staff is also authorized to release verbal and written information to you, regarding the above-named student.**

\_\_\_\_\_  
(Name of parent/guardian - please print)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## QUESTION & ANSWERS ABOUT SCHOOL TUITION & FEES

### **Q. What does the tuition and activity fee include?**

- A.** Tuition includes your child's classroom instruction by a certified teacher and teacher's assistant, the adapted curriculum used in the school, and the special subject areas of art, drama, music, and physical education. Teacher supervision by the Educational Director and the Administrative Director, the health specialist and nurse, and much of the equipment, materials, and supplies used in the school are covered by tuition. Related services dictated by the IEP/DPG are not included in the base tuition.

### **Q. What are related services and how are they determined?**

- A.** Related services are Speech-Language and Occupational Therapy, Physical Therapy, and Counseling. These are charged separately from tuition on an hourly basis. Funded students will start with the related services indicated on their IEP. As a part of the admissions process, the related services professionals will determine service amount after a review of reports, evaluations, and the student's visit. The related services determined by the team are critical to the student's academic progress. They are a condition of the student's acceptance and part of the signed contract. Students who do not require any related services are likely to need a less restrictive school setting than KTS.

### **Q. Are KTS related services required if my child receives outside therapies?**

- A.** Yes, outside therapies are **not** a replacement for related services at KTS. Although some students receive outside therapies, they are in addition to their KTS program. The academic success of the KTS student is a result of our integrated team model. In addition to targeting specific skills, the related services providers within the school setting enable students to access the curriculum by providing in-class support and guiding students in generalizing emerging skills during their school day. The daily team collaboration promotes consistency and maximizes student success. KTS clinicians will coordinate and collaborate with outside providers at the request of the family.

### **Q. How will related services be delivered?**

- A.** The KTS model allows for flexible and creative delivery of services addressing the student's IEP/DPG goals. Students receive related services therapies in a variety of ways and settings, which include individual, group, and consultation. Services can be provided within the classroom, in pull-out sessions, or in any setting that is related to the child's goals. A child's services may include a combination of any of these effective delivery models. The cost for related services is the same for all delivery methods.

**Q. How are makeup sessions provided?**

- A.** There are times when sessions cannot be provided at the scheduled time. Every effort is made to provide a makeup session as close to the missed session as possible. However, there may be instances when makeup sessions may occur either prior to (if clinician is aware of the student's absence) or at some time after the missed session. Occasionally, a make-up session might occur on the same day as a regular session. This may result in varying service and billing amounts each month. The clinician strives to provide the designated therapy time as determined by the IEP/DPG for the school year.

**Q. When can related services be changed or discontinued?**

- A.** Our focus is related to the educational needs of the student. Student delivery models will be determined by the educational needs. The amount of related services time is only adjusted when there is a change in the needs of the students. Related services cannot be reduced or discontinued for any other reason. The changes in needs are determined as a result of on-going assessment of the student's skills and functioning. Initial related services for new students are discussed by the school/parent team at the 45-60 day review meeting to determine if the current amount of service remains adequate.

**Q. How much does tuition and related services increase each year?**

- A.** Increases in tuition and related services fees must be approved by the Maryland State Department of Education. They have traditionally required increases to be no more than 3-5% annually. Normally final decisions regarding annual tuition increase are expected by summer.

**Q. Are there payment options for tuition and related services?**

- A.** There are four tuition payment options available to parents:
1. Parents may pay in advance by semester – the first semester payment is due August 1, and the second semester payment is due January 1.
  2. Parents may pay monthly through AMS, a service available from Academic Management Services, for a fee.
  3. Qualified parents may obtain a TERI or Sallie Mae loan. Information is available from the TLC Admissions or Finance Departments.
  4. Parents may use a combination of a Sallie Mae loan for a portion of the tuition, and monthly AMS payments for the remaining tuition balance.

**Q. Can I authorize automatic payment via my credit card for related services?**

- A.** Yes. Many parents are authorizing payment this way because it is convenient and saves time. A specific form is available from the TLC Admissions or Finance office to authorize payment via credit card.

**Q. Are related services reimbursable through my insurance provider?**

- A.** Coverage for related services depends upon the insurance provider and plan. It is not likely that insurance will reimburse services, particularly in an educational setting. The school is not responsible for assuring insurance reimbursement. We cannot change our delivery model based on insurance requirements or reimbursements. The *only* insurance that TLC-KTS participates with is CIGNA for speech therapy. However, there are a limited number of CIGNA-credentialed speech-language pathologists at TLC. If you have CIGNA, you must contact the Coordinator of Outpatient Services at 301.424.5200, extension 147, before you start at the school, to discuss the preauthorization requirements. Speech therapy is not automatically covered by CIGNA.

Parents are responsible for submitting billing information to their insurance company with the understanding that all (if any) reimbursement is not guaranteed. It is the responsibility of the families to inform us if there is any information needed for your particular insurance plan (e.g., therapy notes). We will provide any needed documentation to submit to your insurance company. However, we cannot make changes after therapy was provided to accommodate insurance requests.

**Q. If payment is not received when due, will my child still be enrolled?**

- A.** Unless special arrangements are made, your child could be discharged from the school if payment is not timely. Before any child is discharged from the school, parents or legal guardians are informed.

**Q. Am I responsible for the full year's tuition if I withdraw my child prior to the end of the school year?**

- A.** Yes, because the budget of KTS is established and based upon the total enrollment of the school and the commitments made pursuant to the school year contract. Therefore, the obligation to pay the entire tuition remains regardless of whether your child completes the academic year.

**Q. Can I authorize automatic payment via my credit card for related services?**

- A.** Yes. Many parents are authorizing payment this way because it is convenient and saves time. A specific form is available from the TLC Admissions or Finance Office to authorize payment via credit card.

**Q. Are DPG conferences billed?**

- A.** Yes. One half hour of the DPG meeting will be billed as a professional consultation. This may or may not be covered by private insurance companies. This meeting will replace a ½ hour of your child's therapy that week and will not be charged as an additional fee.