THE HELP GROUP’S WESTVIEW

Thank you for your interest in The Help Group’s Westview. Enclosed you will find a description of our admissions procedures, along with an application. Please complete the application forms to the best of your ability, as this information will assist our admissions team in identifying your child’s needs.

The admissions department will contact you once all the documentation has been received in order to set up an interview with both you and your child. The interview is usually 1 to 1 ½ hours in length. Subsequent to the meeting, the admissions evaluator may wish to contact professionals who have worked with your child in order to gain their perspective on your child’s needs. The information collected by the evaluators is then presented to our admissions committee and we will then contact you with our decision. The entire process usually takes two to four weeks after the complete application is received.

PLEASE RETURN YOUR APPLICATION AND ALL DOCUMENTS TO:

The Help Group Admissions Office
13130 Burbank Blvd.
Sherman Oaks, CA  91401

Again, thank you for your interest in our school. We sincerely appreciate your cooperation in this process.

Sincerely,

Jason Bolton, PsyD
Vice President of Programs
The Help Group
818-779-5262
jbolton@thehelpgroup.org
Please check each box to make sure all of the following are included. *(If not applicable, please mark N/A)*

[ ] Completed The Help Group’s Westview Application

[ ] Recent photo of your child

[ ] The two most recent **annual IEPs**, and all subsequent addenda

[ ] A copy of the referral letter from your school district (LAUSD only)

[ ] Report cards for the past two academic years

[ ] Transcripts (for students in 7th through 12th grades)

**Documentation as to the nature of your child’s needs including but not limited to:**

[ ] Educational Evaluations

[ ] Psychological Evaluations

[ ] AB3632 Evaluation

[ ] Speech and Language Evaluations

[ ] Occupational Therapy Evaluations

[ ] Other Evaluations (please list) __________________________________________________________

**AUTHORIZATION AND AGREEMENT**

“I authorize investigation of all statements contained in this Application for Admission to the educational program as may be necessary in arriving at an admission decision. In the event of admission, I agree that false or misleading information, given in the application of my child, or in any interviews, may result in rescission of any admission. I understand also that continued admission to the educational program requires the student to abide by all rules and regulations of the educational institution.”

_________________________________________  __________________________________________
Parent/Legal Guardian                                  Parent/Legal Guardian

_________________________________________  __________________________________________
DATE                                  DATE
DATE OF APPLICATION: __________________________________________

I. STUDENT INFORMATION

<table>
<thead>
<tr>
<th>STUDENT 'S LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>DATE OF BIRTH</th>
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AGE: _______ MALE [ ] [ ] FEMALE

STUDENT'S PLACE OF BIRTH: STATE COUNTRY

CURRENT SCHOOL OF ATTENDANCE GRADE LEVEL

CURRENT RESIDENCE:

[ ] PARENT’S HOME [ ] RELATIVE/GUARDIAN [ ] OTHER _________________________________
PARENT'S NAME PARENT'S NAME

STREET ADDRESS (if different than student’s) STREET ADDRESS (if different than student’s)

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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>CITY</th>
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<th>ZIP</th>
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(____)_______(____)_______ HOME PHONE PAGER/CELL HOME PHONE PAGER/CELL

SOCIAL SECURITY # MEDI-CAL or INSURANCE POLICY NUMBER

___________________________________________

E-MAIL ADDRESS: E-MAIL ADDRESS:
**PREFERRED METHOD OF CONTACT:**

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<tr>
<th>PHONE [ ]</th>
<th>E-MAIL [ ]</th>
<th>EITHER [ ]</th>
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<tr>
<td>( Circle: Home  Cell  Work )</td>
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**PARENT’S WORK INFORMATION**

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<th>NAME OF BUSINESS</th>
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<tr>
<th>JOB TITLE/POSITION</th>
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<th>STREET ADDRESS</th>
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<th>WORK PHONE NUMBER</th>
<th>EXTENSION</th>
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**II. FAMILY HISTORY**

**FAMILY MEMBERS / SIBLINGS:**

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<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
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**OTHER HOUSEHOLD MEMBERS:**

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<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
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Is your child adopted? [ ] YES [ ] NO  If “Yes,” at what age? ____________________________

Primary language: __________________ Languages spoken in the home: ________________________

*(If parents are separated or divorced):*

Date of separation or divorce: ____________________  Child’s age at time of divorce: __________
III. **MEDICAL HISTORY**

Does the applicant have any chronic or serious health problems?  [ ] YES  [ ] NO
If yes, please describe:________________________________________________________________________________________

Does the applicant have any health restrictions or limitations?  [ ] YES  [ ] NO
If yes, please describe: ________________________________________________________________________________

Does the applicant have any allergies?  [ ] YES  [ ] NO
If yes, please describe: _____________________________________________________________

Is there a history of the applicant taking medications?  [ ] YES  [ ] NO
If yes, please list:

<table>
<thead>
<tr>
<th>CURRENT MEDS</th>
<th>DATES</th>
<th>DOSAGE/TIMES</th>
<th>PRESCRIBING DR.</th>
<th>PURPOSE</th>
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<th>DATES*</th>
<th>DOSAGE/TIMES</th>
<th>PRESCRIBING DR.</th>
<th>PURPOSE</th>
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* please indicate month/year of initiation and month/year of discontinuation (ex: 03/99-06/02)

Has your child been hospitalized for any reason?  [ ] YES  [ ] NO (if yes, please explain below)

1. Reason: __________________________________________________________________________________________

   Age: __________________  DX: ______________________________________________________________

   Duration: ______________________________________________________________

2. Reason: __________________________________________________________________________________________

   Age: __________________  DX: ______________________________________________________________

   Duration: ______________________________________________________________

**Beginning July 1, 2011, California Law (SB 354) requires all students entering 7th through 12th grade to provide proof of a Tdap booster shot against pertussis (Whooping Cough) before starting school.**
[  ] My child has already had the Tdap booster shot. (Documentation will be needed)

[  ] My child has not yet had this booster but I understand that this will be needed prior to admission to these grades.

IV. SCHOOL HISTORY

<table>
<thead>
<tr>
<th>NAME OF CURRENT SCHOOL</th>
<th>GRADE</th>
<th>CURRENT TEACHER’S NAME</th>
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<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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(_____)_________________________  ____  ____________  ________________

PHONE NUMBER  DATE STARTED  ENDING DATE

Reason for seeking a new school placement: _______________________________________________________

Current Type of School          Current Type of Program
[ ] Nonpublic                  [ ] Full-Inclusion Classroom
[ ] Public School             [ ] Full-Inclusion Classroom with resource pull-out
                                     (specify subject for pull-out)
[ ] Private                   [ ] Special Day Class
                                     [ ] Special Day Class with some mainstreaming
                                          (specify mainstreamed subjects)

Please check any current educational concerns:

[ ] Difficulty with reading          [ ] Difficulty with handwriting
[ ] Difficulty with spelling          [ ] Difficulty with arithmetic
[ ] Difficulty with school attendance  [ ] Difficulty maintaining attention
[ ] Difficulty with abstract concepts [ ] Difficulty with organization
                                      (forgets homework, misses assignments)

Other (specify): ________________________________________________________________

Please list all schools in which your child was placed prior to his/her current school. Also indicate if it was a special education program and the reason for discontinuation.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Grade(s)</th>
<th>Reg. Ed.</th>
<th>Special Ed.</th>
<th>Reason for Discontinuation</th>
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V. HISTORY OF INTERVENTIONS

A. Diagnosis

Does your child currently have a diagnosis (if so, what)? ________________________________

Who diagnosed your child?

Name ________________________________________ (____) ______________________
Agency _______________________________________
Phone Number _______________________________________

Date of diagnosis: ________________________________

What prompted you to seek an evaluation? __________________________________________

B. Please reply only if your child has received services in any of the following areas:

1. Speech and Language

Name of Service Provider (____) ______________________
Phone Number _______________________________________

When was your child last assessed for these services? ________________________________

What are the goals of this intervention? ____________________________________________

2. Counseling

Name of Service Provider (____) ______________________
Phone Number _______________________________________

When was your child last assessed for these services? ________________________________

What are the goals of this intervention? ____________________________________________

3. Occupational Therapy

Name of Service Provider (____) ______________________
Phone Number _______________________________________

When was your child last assessed for these services? ________________________________

What are the goals of this intervention? ____________________________________________

4. Educational Therapy or Tutoring

Name of Service Provider (____) ______________________
Phone Number _______________________________________

When was your child last assessed for these services? ________________________________

What are the goals of this intervention? ____________________________________________

Please provide any assessments completed by the professionals above or any other assessments you may
VI. ADDITIONAL INFORMATION

Describe your child’s strengths.
__________________________________________________________________________________________

What are your child’s favorite activities?
__________________________________________________________________________________________
__________________________________________________________________________________________

Is your child involved in any extracurricular activities? [ ] YES [ ] NO (if yes please list)
__________________________________________________________________________________________
__________________________________________________________________________________________

Please describe your child’s social relationships at home and at school.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please describe any behavioral or attentional problems that have been brought to your attention by the school staff.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Is there any additional information that you feel would be helpful in evaluating your child?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
VII. **IEP INFORMATION AND FUNDING SOURCE**

Please enclose a copy of your child’s **two most recent annual IEPs, and all subsequent addenda**. If your child does not have a current IEP, please state where you are in the IEP process. Do you currently have:

- [ ] Valid I.E.P. with Non Public School designation  [ ] YES  [ ] NO
- [ ] I.E.P. meeting with district to receive NPS funding  [ ] YES  [ ] NO
  
  *If IEP meeting set, please indicate date: ____________________*

- [ ] Mediation Agreement  [ ] YES  [ ] NO
  
  *If Mediation Agreement meeting set, please indicate date: ____________________*

- [ ] Fair Hearing  [ ] YES  [ ] NO
  
  *If Fair Hearing meeting set, please indicate date: ____________________*

- [ ] Will fund privately  [ ] YES  [ ] NO

**ASSISTED/REPRESENTED BY:**  
[ ] SELF  [ ] ADVOCATE  [ ] ATTORNEY

Name: __________________________

**SEEKING PLACEMENT FOR:**  
[ ] ASAP  [ ] FALL  [ ] SPRING  [ ] SUMMER

VIII. **REFERRAL SOURCE**

Please provide the following information regarding the person or organization that referred you to The Help Group.

1. ____________________________  2. ____________________________

NAME  NAME

____________________________  ______________________________

**TYPE OF REFERRAL**  **TYPE OF REFERRAL**

____________________________  ______________________________

**AGENCY**  **AGENCY**

____________________________  ______________________________

**STREET ADDRESS**  **STREET ADDRESS**

____________________________  ______________________________

CITY  STATE  ZIP  CITY  STATE  ZIP