



## APPLICATION CHECKLIST

- \_\_\_\_\_ Completed Application for Admission
- \_\_\_\_\_ Provide Teacher Evaluation forms to two current teachers

### Required assessments:

- \_\_\_\_\_ Wechsler Intelligence Scale (WISC-IV or V, or WAIS for students 16 or older), completed within the last 3 years
- \_\_\_\_\_ Academic achievement assessment (Woodcock-Johnson, WIAT or similar), completed within the last 12 months

### Evaluation and progress reports from any other service providers, if available:

- \_\_\_\_\_ Speech/language evaluation
- \_\_\_\_\_ Occupational therapy evaluation
- \_\_\_\_\_ Psychological or diagnostic evaluation
- \_\_\_\_\_ Educational evaluation
- \_\_\_\_\_ Neuropsychological Evaluation

### School Reports:

- \_\_\_\_\_ Copy of current IEP or 504 plan
- \_\_\_\_\_ Copy of current Behavior Intervention Plan (BIP), if applicable
- \_\_\_\_\_ Copy of high school transcript, if applicable

### Additional Items:

- \_\_\_\_\_ Complete and submit School Records Release form to current school
- \_\_\_\_\_ Complete Provider Release form in Current Support Services section of this application
- \_\_\_\_\_ Non-refundable \$250 application fee, payable to Temple Grandin School

Please submit application materials to:  
Temple Grandin School/ATTN: Admissions  
3131 Indian Road  
Boulder, CO 80301



## APPLICATION FOR ADMISSION

### APPLICATION INSTRUCTIONS

Student success at Temple Grandin School is our primary focus. In order to determine whether Temple Grandin School is the best educational choice for your student, we must obtain information regarding your student's educational background and well-being that is complete and correct. Therefore, we appreciate your candor and honesty in completing this application. Your signature at the end of this application confirms that the information you provide is correct to the best of your knowledge. Knowingly making false statements on this application may result in the rejection of this application and/or the removal of your student from Temple Grandin School.

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

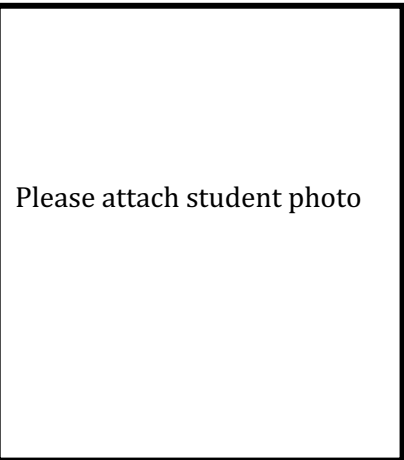
Address: \_\_\_\_\_

\_\_\_\_\_

Current School: \_\_\_\_\_

School District: \_\_\_\_\_

Applying for grade: 5 6 7 8 9 10 11 12



**FAMILY INFORMATION**

**PARENT/GUARDIAN #1**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

EMAIL \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_

PROFESSION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**PARENT/GUARDIAN #2**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

EMAIL \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_

PROFESSION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

Please check all that apply:  Married  Separated  Divorced  Partnered  Other:

With whom does the student live? \_\_\_\_\_

Who has financial responsibility for the student's education? \_\_\_\_\_

If parents are divorced, who has legal custody of the student? \_\_\_\_\_

Bilingual? Yes No

Language(s) spoken at home: \_\_\_\_\_

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

The student is child # \_\_\_ of \_\_\_ children in the family.

If your student was adopted, at what age? \_\_\_\_\_

Please list any siblings of the student:

|      |     |        |       |
|------|-----|--------|-------|
| Name | Age | School | Grade |
| Name | Age | School | Grade |
| Name | Age | School | Grade |
| Name | Age | School | Grade |

**EDUCATIONAL HISTORY**

Please list current and previous schools, beginning with the school your student is currently attending.

| <b>Name of School</b> | <b>Address</b> | <b>Phone</b> | <b>Dates / Grades Attended</b> |
|-----------------------|----------------|--------------|--------------------------------|
|                       |                |              |                                |
|                       |                |              |                                |
|                       |                |              |                                |
|                       |                |              |                                |

What interventions/supports/teaching strategies have worked well for your student in their current or prior school environments?

Has your student ever repeated or skipped a grade \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:

**EDUCATIONAL HISTORY (continued)**

Do you expect your student will progress to college level work in any academic area prior to leaving TGS?\*  Yes  No

If yes, what academic area: \_\_\_\_\_

*\*TGS requests this information for planning purposes in order to prepare appropriate support resources for individual student strengths. We expect that many of our students will require programming beyond their grade level in their areas of strength, and we will partner with families and community resources as needed to provide appropriate level academic work for all students.*

Has your student ever received special education services or 504 plan accommodations?  
 Yes  No

If yes, please describe (use extra sheet as needed):

Date of last IEP or 504 plan if applicable: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ District: \_\_\_\_\_

**Please include a copy of your student’s most recent IEP or 504 Accommodation Plan.**

Has your student ever received Behavior Support Services?  Yes  No

Has a Behavior Intervention Plan (BIP) ever been implemented?  Yes  No

If Yes, when \_\_\_\_\_

**If yes, please include a copy of your student’s most recent Behavior Intervention Plan.**

**ASSESSMENT / EVALUATION HISTORY**

Please provide information on all professional assessments or evaluations that your student has received including psychological (including cognitive), educational, speech / language, occupational therapy, and physical therapy.

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

| EVALUATION | DATE | EVALUATOR | EMAIL & PHONE # |
|------------|------|-----------|-----------------|
|            |      |           |                 |
|            |      |           |                 |
|            |      |           |                 |
|            |      |           |                 |

**ASSESSMENT / EVALUATION HISTORY (continued)**

Does your student currently have a diagnosis of:

- \_\_\_\_\_ Asperger’s Syndrome
- \_\_\_\_\_ High-Functioning Autism
- \_\_\_\_\_ Nonverbal Learning Disorder (NVLD)
- \_\_\_\_\_ Social Communication Disorder
- \_\_\_\_\_ Attention Deficit Disorder (ADD/ADHD)
- \_\_\_\_\_ Generalized Anxiety or other Anxiety Disorder
- \_\_\_\_\_ Obsessive Compulsive Disorder
- \_\_\_\_\_ Depression
- \_\_\_\_\_ Learning Disability: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

Describe your student’s level of understanding about their diagnosis. \*

*\*Preparing students to self-advocate in college and the workplace is a foundational component of the TGS program. Personal learning plans at TGS include information about each student’s strengths and challenges, including learning style and relevant diagnostic characteristics that may impact educational success. Students need this information in order to set and work toward career goals that align with their talents and abilities. Families of TGS students are expected to participate in and support the development of self-advocacy, including fostering a realistic understanding of the limitations associated with Asperger’s Syndrome or other diagnosed disability.*

**CURRENT SUPPORT SERVICES: Please list the services your student is currently receiving or has received during the past 4 years, including tutoring, therapy, and counseling.**

| Provider | Type of Service | Start Date/End Date | Phone & Email Contact |
|----------|-----------------|---------------------|-----------------------|
|          |                 |                     |                       |
|          |                 |                     |                       |
|          |                 |                     |                       |
|          |                 |                     |                       |
|          |                 |                     |                       |
|          |                 |                     |                       |
|          |                 |                     |                       |

## **HEALTH AND DEVELOPMENTAL HISTORY**

Current Primary Care Physician: \_\_\_\_\_ Phone/Email Contact: \_\_\_\_\_

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

**Please list ALL medications your student is currently taking.**

| <b>Medication</b> | <b>Dosage<br/>(i.e. 10MG)</b> | <b>Times/Daily</b> | <b>Prescribed By</b> | <b>Reason</b> | <b>Start Date</b> |
|-------------------|-------------------------------|--------------------|----------------------|---------------|-------------------|
|                   | _____MG                       |                    |                      |               |                   |
|                   | _____MG                       |                    |                      |               |                   |
|                   | _____MG                       |                    |                      |               |                   |
|                   | _____MG                       |                    |                      |               |                   |

### **Perceptual/Motor Development**

Please mark any that apply to your student:

\_\_\_\_\_ Tactile sensitivity—reports that things “feel funny” and/or has specific preferences for clothing or blankets of a certain feel.

\_\_\_\_\_ Auditory sensitivity—reports that sounds bother him/her, has difficulty screening out extra noises. For example: reports that people chewing gum or tapping pencils is distracting in a classroom or public setting.

\_\_\_\_\_ “Lost in space”—easily disoriented in physical space, may become lost in places he/she has been before (heightened in new or stressful situations)

\_\_\_\_\_ Dysgraphia (the inability to produce written words or symbols, as a result of a brain dysfunction)

\_\_\_\_\_ Gross motor difficulties (riding a bike, playing organized sports, bumping into things)

\_\_\_\_\_ Easily tired, little or no stamina in physical activities

\_\_\_\_\_ Fine motor concerns other than writing (shoe tying, use of eating utensils, toothbrushing)

\_\_\_\_\_ Poor muscle tone

## **HEALTH AND DEVELOPMENTAL HISTORY (continued)**

Additional information about Perceptual/Motor Development:

### **Social/Emotional Development**

Please mark any that apply to your student:

- Poor ability to read the facial and behavioral cues of others, especially peers
- Overly concerned with justice or fairness
- Considers rules important; becomes upset when rule is broken; black and white interpretation of rules
- Once upset, finds it difficult to “let go” of the upset
- Rigidity of thinking – has difficulty deviating from their ideas or opinions
- Easily frustrated, limited ability to tolerate feelings of frustration
- Sudden outbursts (verbal or physical, tantrums, may be directed at objects or people)
- Poor grooming/hygiene; appears to have no sense of the impact of their appearance on others
- Sleep difficulties (current  Yes  No or in the past  Yes  No )

Additional information about Social/Emotional Development:

Please describe your student’s relationships with peers. Do they have close friends? Who do they socialize with regularly? (Boys/girls? Younger/older/adults?)



**HEALTH AND DEVELOPMENTAL HISTORY (continued)**

Does your student have any extreme fears or phobias? If yes, please describe:

Has your student ever been hospitalized or attempted suicide? (If yes, please describe using a separate sheet of paper.)

**ADDITIONAL INFORMATION**

Describe your student’s academic and personal strengths.

Describe your student’s special interests, favorite activities, and accomplishments. In what types of play, sports, clubs, lessons, and / or special activities does your student participate?

Please describe your student’s computer and/or video game use. How much time (hours per day) does your student spend engaged in computer and/or video game related activities?

What types of computer and/or video game related activities does your student choose when given “free time?”

**ADDITIONAL INFORMATION (continued)**

Are you concerned about the amount of time your student spends on the computer and/or playing video games? Does your student's computer use and/or video gaming interfere with sleep, family relationships, socializing or schoolwork?

What is the main reason your student is applying to Temple Grandin School? What are you most concerned about for your student *at this time*?

Why do you think Temple Grandin School would be a good fit for your student and family?

Is there anything else you feel we should know about your student that has not been covered in this application?

**How did you hear about us?** Please be specific. We want to thank our referral sources!

\_\_\_\_\_

Name

\_\_\_\_\_

Address / Phone Number/Email

As parent/legal guardian, I hereby give the administrative staff at Temple Grandin School permission to contact any school, examiner, therapist and/or treatment center I have listed on this application to share information. This exchange will be considered confidential.

Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

As parent/legal guardian of the student, I hereby confirm that the information on this application is correct.

Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



**APPLICATION FOR ADMISSION  
STUDENT SECTION**

Please complete this section as honestly as possible in your own handwriting.

1. Please write your full name and age

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2. Why would you like to attend Temple Grandin School?

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3. Describe an ideal school for you.

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4. Describe the qualities you consider most important in a friend.

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5. What school subjects do you find the most difficult and why do you think they're difficult?

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6. Have you had any work experience or done any volunteer work? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe the type of work and when you were involved.

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7. How do you like to spend your time outside of school?

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8. Please check any activities you've participated in:

- |  |  |
|--|--|
| <input type="checkbox"/> Boy / Girl Scouts         | <input type="checkbox"/> Band / Orchestra              |
| <input type="checkbox"/> Horseback Riding          | <input type="checkbox"/> Camping                       |
| <input type="checkbox"/> Travel                    | <input type="checkbox"/> Choir / Chorus                |
| <input type="checkbox"/> Swimming                  | <input type="checkbox"/> Fishing                       |
| <input type="checkbox"/> Chess                     | <input type="checkbox"/> Rock Climbing                 |
| <input type="checkbox"/> Photography               | <input type="checkbox"/> Skateboarding / Rollerblading |
| <input type="checkbox"/> Sports                    | <input type="checkbox"/> Anime                         |
| <input type="checkbox"/> Computer Games            | <input type="checkbox"/> Gardening                     |
| <input type="checkbox"/> Drama                     | <input type="checkbox"/> Community Service             |
| <input type="checkbox"/> Dance                     | <input type="checkbox"/> Video Games                   |
| <input type="checkbox"/> Drawing / Painting        | <input type="checkbox"/> Outdoor Activities            |
| <input type="checkbox"/> Martial Arts              | <input type="checkbox"/> Boating / Sailing             |
| <input type="checkbox"/> Reading                   | <input type="checkbox"/> Astronomy                     |
| <input type="checkbox"/> Creative Writing / Poetry | <input type="checkbox"/> Hiking                        |
| <input type="checkbox"/> Comics                    | <input type="checkbox"/> Skiing                        |
| <input type="checkbox"/> Fantasy Games             | <input type="checkbox"/> Other                         |

9. Is there anything else you would like us to know about you, your family, your school experience, or your interests?

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9. Please write about **one** of the following questions. You may handwrite or type your response. Use a separate piece of paper.

- A. Please describe an event or experience that has changed you in some way or taught you something important.
- B. If you could travel either back or forward in time, what time period would you choose, where would you go, and why?
- C. Please describe a person who has significantly influenced your life. This person may be someone you do or do not know personally, someone alive or deceased, real or fictional.
- D. If you could alter one thing about the society in which you live, what would it be and why?



**TRANSCRIPT AND RECORDS REQUEST**

**To be completed and signed by parents:**

I authorize the release of my student's academic transcripts and other information requested below to Temple Grandin School.

Student's Name \_\_\_\_\_

Student's Current Grade \_\_\_\_\_

School Name and Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by school:**

This student has applied for admission to Temple Grandin School. In order to process the application, we request that you send us the following information, along with a copy of this form.

- All grade reports and/or academic transcripts for the past two years, and the current year.
- All standardized test results
- Any recent teacher reports
- School profile, if available
- Any additional information as appropriate

These materials should be mailed or delivered to:

Office of Admissions  
Temple Grandin School  
3131 Indian Road  
Boulder, CO 80301

Email: [admissions@templegrandinschool.org](mailto:admissions@templegrandinschool.org)

If there are questions regarding the materials requested, please call the Director of Admissions at 303-554-7363.

Thank you for your assistance.

Temple Grandin School







TEMPLE GRANDIN SCHOOL APPLICATION FOR ADMISSION

TEACHER EVALUATION

Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

PARENTS:

Please provide a copy of this form to two (2) of the student’s current teachers, who must return it directly to Temple Grandin School. If possible, we would like to receive both a reading/language arts teacher and a 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 below acknowledging that information provided to us through this process is confidential and cannot be shared.

Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



Dear Teacher:

The student named above is applying for admission to Temple Grandin School. We are an inclusive community that values each student’s uniqueness, whether or not they have an identified diagnosis. Our staff works closely with the students and families in our program to create an individualized learning plan that helps students attain the social and academic skills they need to develop their talents.

We would greatly appreciate your candid and thorough responses to the following questions about the student and the prompt return of this completed form to Temple Grandin School, 3131 Indian Rd, Boulder, CO 80301. Email: admissions@templegrandinschool.org Your candor and honesty will help us make a decision that is in the best interest of the student. **This form is confidential and will not be shared.**

Thank you in advance for your assistance.

\_\_\_\_\_  
School

\_\_\_\_\_  
Student’s Current Grade

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Subject Area

\_\_\_\_\_  
Phone

How long and in what context have you known the student?

Please describe any teaching techniques or strategies that have proved helpful in your interactions with the student. Examples: reinforcement systems, token economy, use of visual supports, preferential seating, additional time.

Please circle all words you feel describe the student.

|                   |                      |              |                 |                 |                   |             |
|-------------------|----------------------|--------------|-----------------|-----------------|-------------------|-------------|
| Bright            | Self-<br>Disciplined | Shy          | Assertive       | Participates    | Creative          | Articulate  |
| Immature          | Social               | Passive      | Organized       | Funny           | Disobedient Tests | Boundaries  |
| Easily Frustrated | Distracting          | Distractible | Negative        | Irritable       | Dependent         | Gives up    |
| Sits out          | Courteous            | Withdrawn    | Leader          | Focused/intense | Motivated         | Unmotivated |
| Musical           | Confident            | Hurtful      | Popular         | Restless        | Calm              | Physical    |
| Gifted            | Imaginative          | Supportive   | Independent     | Agreeable       | Loner             | Stubborn    |
| Responsible       | Caring               | Impulsive    | Sad             | Curious         | Perfectionist     | Honest      |
| Helpful           | Anxious              | Careless     | Resilient       | Follower        | Irresponsible     | Energetic   |
| Disorganized      | Dishonesty           | Happy        | Over- Protected | Inattentive     | Introverted       | Athletic    |

Please describe your observations of the student's relationship and interaction with his/her parents or guardians:

Please describe the parent(s)' or guardian(s)' relationship and involvement with the school faculty and the broader school community.

**Temple Grandin School's Core Socio-Academic Program is designed for students with Asperger's or similar learning profiles. Please review the following social, academic and behavioral characteristics of our program and student population. Using the questions below as a guide, describe how you've observed these characteristics in the applicant. Include specific examples.**

**SOCIAL**

*TGS serves students with social communication and executive function challenges such as social awkwardness; restricted or unusually intense interests; atypical speech and language usage; difficulty sustaining conversations or friendships; and trouble successfully interacting in large group settings.*

Please comment on any of the above social and/or executive function challenges you have observed in your work with the student.

Please comment on the student's awareness of his/her challenges in this area.

How does the student relate with peers in your classroom/school?

How does the student relate with adults in your classroom/school?

**ACADEMIC**

*TGS serves students who are intellectually engaged, with average to above-average cognitive abilities. TGS maintains a strong academic program, with graded content courses. We expect that all of our students will meet the requirements for high school graduation and transition to post-secondary education.*

Is the student intellectually engaged with average to above-average cognitive abilities? Y/N

Please comment on the student's engagement with your subject area content.

Please comment on any other notable academic strengths you have observed.

**BEHAVIORAL**

*TGS serves students that can participate appropriately in a small, supportive classroom setting. Our class sizes range from 4 to 8 students, taught by general education teachers who are assisted by a school-wide behavioral and counseling support team. While students may have some challenges with anxiety, low self-esteem, attention or behavior, we are unable to serve students who require 1:1 instruction, or who have significant aggression or persistent, untreated emotional or behavioral difficulties.*

Please list and describe any instances of challenging behavior that resulted in disciplinary action in your classroom/school.

| Behavior | Consequence |
|----------|-------------|
|----------|-------------|

**TGS addresses the following challenging behaviors through our Behavior Support program, which is available to a limited number of students each year. To assist us in evaluating whether the student would require this level of support, please mark any of the following behaviors you've observed in your interactions with the student. Provide examples of specific behaviors in the space below.**

- \_\_\_\_\_personal space violations
- \_\_\_\_\_excessive interruptions or off-topic comments
- \_\_\_\_\_physical and/or emotional regulation challenges
- \_\_\_\_\_inability to take breaks as needed to maintain self-regulation
- \_\_\_\_\_frequent breaks requiring adult support to regain self-regulation and return to class
- \_\_\_\_\_extremely low frustration tolerance
- \_\_\_\_\_frequent technology misuse and/or internet addiction
- \_\_\_\_\_frequent verbal or behavioral refusal to follow teacher instructions
- \_\_\_\_\_frequent refusal to attend or return to class during the schoolday
- \_\_\_\_\_frequent work avoidance
- \_\_\_\_\_need for significant adult support in order to engage in academic work

**Examples:**

Please provide any additional information that you feel the Application Review Committee may find useful in considering the student, including emotional stability, reaction to criticism, sense of humor, special abilities, interests and talents, quality of peer relationships, contributions to class, and quality of work.

Signature

Date

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**RETURN FORM TO:**

**Office of Admissions  
Temple Grandin School  
3131 Indian Road  
Boulder, CO 80301**

**Email: [admissions@templegrandinschool.org](mailto:admissions@templegrandinschool.org)**



**PROVIDER RELEASE FORM**

Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

**To the Service Provider:** I authorize you to release all information requested by Temple Grandin 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 Temple Grandin School personnel any services you are providing, or have provided, to my child. This authorization includes providing information to and communicating with Temple Grandin School staff as part of the admissions process, but also on an ongoing basis in the event my child is admitted and enrolled.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature      Date

Office of Admissions  
Temple Grandin School  
3131 Indian Road  
Boulder, CO 80301

Email: [admissions@templegrandinschool.org](mailto:admissions@templegrandinschool.org)

If there are questions regarding this release, please call the Director of Admissions at 303-554-7363.

Thank you for your assistance. Temple Grandin School