

# THE BRIARWOOD SCHOOL APPLICATION FOR ENROLLMENT

**PLACE  
CURRENT  
PHOTO  
HERE**

**\$100 Processing Fee and current photo of your student must accompany this application.**

DATE \_\_\_\_\_

Thank you for your interest in The Briarwood School. The information you supply on this application will help to determine if there is an appropriate place for your student. Following receipt of all available information, a student screening will be scheduled when we see the possibility of a suitable place for your child. Briarwood offers monthly tours. Please check our website for details -- [www.briarwoodschooll.org](http://www.briarwoodschooll.org).

**STUDENT'S** Name \_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Please indicate: \_\_\_\_ Male \_\_\_\_ Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MOTHER'S** Name \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**FATHER'S** Name \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**TUITION** will be paid by: \_\_\_\_ Parents  
 \_\_\_\_ Other, explain: \_\_\_\_\_ **THIS APPLICATION IS FOR:** \_\_\_\_ Immediate Enrollment  
 \_\_\_\_ Next Fall

Have you previously applied to Briarwood School? \_\_\_\_No \_\_\_\_Yes If yes, when? \_\_\_\_\_

Please indicate the person or agency that referred you to Briarwood \_\_\_\_\_

## SCHOOL HISTORY

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_ School District \_\_\_\_\_

Address (of school) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Teacher \_\_\_\_\_ Principal \_\_\_\_\_

Number of absences this year: \_\_\_\_\_ Last year: \_\_\_\_\_

*List all schools attended by grade and year. Be specific about repeated grades. Please continue on back.*

YEAR	GRADE	SCHOOL

What are your child's strengths? \_\_\_\_\_

What has your child liked most in school? \_\_\_\_\_

What has your child disliked most in school? \_\_\_\_\_

How does your child feel about the possibility of changing schools? \_\_\_\_\_

When were you first aware of your child's learning difference? \_\_\_\_\_

Has your child ever experienced disciplinary action from a school? Please explain. \_\_\_\_\_

Please state briefly why you think The Briarwood School might be a good school for your child.

What does your family enjoy doing together? \_\_\_\_\_

Our family has \_\_\_\_\_ children. This is our \_\_\_\_\_ child. Our other children's ages are \_\_\_\_\_.  
 (Example: Our family has 3 children. This is our 2nd child. Our other children's ages are 15 and 9.)

Parents are: married \_\_\_\_\_, divorced \_\_\_\_\_, separated \_\_\_\_\_, single \_\_\_\_\_, remarried \_\_\_\_\_.

Who has legal custody of this child? \_\_\_\_\_

If parents are no longer together, what are the custody arrangements concerning this child?

Is this child adopted? \_\_\_\_\_ Is he/she aware of it? \_\_\_\_\_ At what age did he/she join your family? \_\_\_\_\_

<b>Please indicate your child's area(s) of difficulty.</b>	<b>Very Difficult</b>	<b>Sometimes Difficult</b>	<b>Not a Concern</b>
Reading			
Math			
Written language			
Comprehension			
Expressive and/or Receptive Language			
Processing Speed and/or Working Memory			
Attention			
Following Directions			
Fine and/or Gross Motor Skills			
Sensory Processing			
Behavior			
Interaction with Peers			

If your child has had the following evaluations, please indicate the date and name of the professional administering the evaluation. ***Please submit a copy of these reports with your application.***

Type of Evaluation:	Date	Name of Professional
1. Educational		
2. Speech and Language		
3. Occupational Therapy		
4. Hearing / Audiology		
5. Vision		
6. Medical		
7. Psychological		

The Briarwood School requires that every student have a comprehensive assessment performed by an independent, qualified evaluator - commonly referred to as a **psychoeducational evaluation**. Briarwood teachers, speech-language pathologists, and administrators utilize the **psychoeducational evaluations** to develop a diagnostic-prescriptive educational plan for your child. The evaluation must be updated at least every 3 years.

Required within this testing:

- Complete battery with tests assessing broad cognitive abilities- including intelligence, reasoning, processing, memory, and executive functions skills
- Academic achievement including language, reading, and math skills
- Adaptive behavior, motor skills, and social/emotional adjustment
- Developmental history and previous evaluation results
- Screening for symptom of ADHD, autism, and anxiety
- Comprehensive interpretation of test scores and any relevant diagnosis
- Recommendations for accommodations and suggested interventions

Preferred cognitive batteries include the Woodcock-Johnson III NU, Tests of Cognitive Abilities (WJ III-Cog) or Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV). Non-verbal intelligence tests are not sufficient for students applying to Lower School or Middle-Upper.

Test scores alone do not lead to an accurate understanding of the child as a learner. Results should be interpreted and integrated in a meaningful way to ascertain the subtle variables that influence the child's learning and to provide recommendations relevant to educational planning.

My child has participated in the following interventions / therapy:

Type of Intervention / Therapy	Past	Present	Name of Professional
Speech and Language Therapy			
Social Skills			
Psychotherapy / Counseling / Family Therapy			
Occupational Therapy or Physical Therapy			
Academic Tutoring			
Other:			

Date of child's last physical exam: \_\_\_\_\_

Is your child currently taking any medication? Please list below.

Name of Medication	Supervising Physician	Purpose of Medication
1.		
2.		
3.		
4.		

My child has had in-depth medical attention for the following conditions (do not include routine illnesses):

\_\_\_\_\_

\_\_\_\_\_

My child accomplished developmental milestones (independently sitting, crawling, walking, use of language):

On time \_\_\_\_\_ Delayed \_\_\_\_\_

If delayed, please explain. \_\_\_\_\_

Has your child had the following?	Never	Present	Past
Asthma			
Allergies or special dietary needs			
Diabetes, arthritis, or other chronic illness			
Epilepsy / seizures			
Heart or blood pressure problems			
Surgery or lengthy hospitalization			
Frequent visits to the school clinic (not for meds)			
Headaches – frequent or severe			
Nausea - frequently			
Chronic ear infections			
Hearing difficulties			
Eye or vision problems			
Speech or language problems			
Sensory processing difficulties			
Appetite problems			
Sleep problems			
Soiling problems			
Wetting problems			
Experimentation with illegal drugs			
Injured frequently			
Treatment related to drug use			
Treatment for depression or anxiety			
Legal action brought against him/her			
Thoughts of harming him/herself			

<b>SOCIAL INTERACTIONS</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
Makes friends easily			
Prefers to play with older or younger children, rather than same age peers			
Feels picked on or bullied by others			
Prefers to play alone			
Interpreting social cues can be difficult			
Understanding other perspectives is difficult			
If other people do not respond in the way my child wants or expects, it causes frustration or anxiety			
Often interrupts when someone is speaking			
Maintains appropriate eye contact			
Demonstrates good sportsmanship			
Difficulty taking turns			
Likes to be the center of attention			
Maintains good personal hygiene			
Cooperates well in a group			
Feels excluded or left out			
Use of social media has caused conflicts with peers			

<b>LANGUAGE / PRAGMATICS / COMMUNICATION</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
Hums or makes distracting noises			
Talks with a “baby-voice” or like a character			
Uses language that is appropriate for the audience			
Speaks too loudly or too softly for the situation			
Repeats what someone else just said			
Articulation is difficult to understand			
Tone of voice is flat, mechanical, or exaggerated			
Listens well to others			
Spontaneously shares his/her own ideas or feelings			
Facial expressions appropriate to the conversation			
Talks all the time			
Humor is difficult to understand			
Uses foul language			
Topics of conversation are not age appropriate			
Repeats scripts from movies, TV shows, or video games			
Likes to talk about a particular interest all the time			

<b>BEHAVIOR</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
Hyperactive			
Always follows the rules			
Easily annoyed by other people			
Strong willed			
Hitting, kicking, pinching, biting or pushing others			
Difficulty with transitions			
Acts immature compared to same-age peers			
Seeks frequent reassurance or affirmation			
Tantrums or meltdowns at home			
Picks at his/her nails, skin, or clothing			
Upset when other children do not follow the rules			
Worries a lot			
Speaks impulsively			
Responds well to change			
Fixated on video games, movies, or fictional characters			
Tantrums or meltdowns at school			
Acts impulsively			
Easily distracted			
Likes his/her things to be organized in a certain manner			
Refuses to follow directions given by an adult			
Cries easily or often			

<b>MOTOR SKILLS / SENSORY PROCESSING</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
Sensitive to being touched			
Sensitive to sounds or background noise			
Difficulty maintaining personal space			
Puts non-food items in his/her mouth			
Gross motor difficulties			
Fine motor difficulties			
Able to tie shoe laces and buckle a belt			
Repetitive movements: finger flicking, twirling hair, shoulder shrug, twitching			
Likes to spin or turn			
Startles easily			
Repetitive sounds: clearing throat, coughing, sniffing			
Picky eater			
Anxious when he/she is in a large group or audience			
Accidentally bumps into other people or objects			
Likes to be in physical contact with others			

## EDUCATIONAL RELEASE

**\$100 Processing Fee and current photo of your student must accompany this application.**

The application cannot be processed until copies of current intelligence testing, evaluations, and the most recent school reports have been sent to us. It is the responsibility of the parents to have copies of all reports sent to The Briarwood School.

**The Briarwood School has my permission to contact any professionals listed on the application concerning the educational planning for my child.**

I affirm that the preceding information is a complete and true statement of all the facts and circumstances relative to my child's application for enrollment to The Briarwood School.

Briarwood is a non-profit, tax-exempt organization. Tuition covers 80% of the costs it takes to educate each student. Therefore, Briarwood is dependent on the fundraising efforts of parents. In signing this application, I/we agree to our responsibility in participating in these fundraising efforts.

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

\_\_\_\_\_  
Date

The Briarwood School admits students of any race, gender, color, national or ethnic origin. The school selects students who are interested in completing their education and who need a prescriptive educational program.

FOR SCHOOL USE ONLY

Mailed \_\_\_\_\_ School \_\_\_\_\_ Fee Paid \_\_\_\_\_

NOTE: Please fill in completely. We must have most current school's complete mailing address in order to process this release.



12207 WHITTINGTON DRIVE  
HOUSTON, TEXAS 77077  
TEL 281.493.1070  
FAX 281.493.1343  
www.briarwoodschool.org

### AUTHORIZATION RELEASE FOR ACADEMIC/MEDICAL RECORDS

As a parent or legal guardian, I authorize you to release to The Briarwood School psycho-educational, academic, achievement tests, health and/or other information that are pertinent to my child's educational needs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Student Name \_\_\_\_\_ Most current school \_\_\_\_\_

Grade Level \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Address (of school) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_