



Summer Fast ForWord Student Application

Applications are now being accepted for students to apply for the summer session of Fast ForWord! In addition to the application, copies of scores/levels from the following should be included to help determine the student's need for participation in the program: **LEAP, DIBELS, BURST, Silvaroli, STAR, SPED Data Review**, etc.

- Review and complete the application, specifying why the student is being referred for participation in summer Fast ForWord.
- **Each student's computer login, ID#, and password information must be included in the application.**
- **(If the student will attend ESY, complete pgs. 1 thru 3 only)**
- Complete all sections in the application. **(Please do not copy and submit the JPAMS demographics page in place of the areas to be completed on the application)**
- Only one person must sign in addition to the parent and person referring the student. Additional personnel may include a School Administrator, ODR, Campus SAT Chair, or Pupil Appraisal Services representative.
- All STPPSS students are eligible to apply and be considered for summer Fast ForWord, including regular and special education students. See additional requirements on the application. Applications will be carefully reviewed before acceptance in the summer program.
- Please complete the application and send via courier to **McKeba Acker- Harrison Curriculum Center**.
- **Applications must be received no later than Tuesday, April 30, 2019.**



Summer 2019 Fast ForWord Program Student Application

Date of Application: _____ **ESY Student** _____ Yes _____ No

Student Information

Student's Name: _____ Date of Birth: _____

Student's School: _____ Grade: _____ Age: _____

Student's ID #: _____

Medical Diagnosis/Medications: Yes No Please indicate what meds are taken and how much/how often: _____

Special Education Classification (if applicable): _____

Diagnosis of Central Auditory Processing: ___ Yes ___ No Current 504 Plan: ___ Yes ___ No

Student's computer login: _____

Student's computer password: _____

Emergency Plan? Yes No (If Yes, attach a copy of the Emergency Plan)

Parent/Caregiver Information

Parent/Caregiver's Name: _____

Parent/Caregiver's Contact Number: _____

Parent/Caregiver's Email Address (if active): _____

Referral Source Information

Complete the name and position of the person(s) at the school completing the Fast ForWord Application:

1. _____

(Name)

(Position)

Fast ForWord Student Application cont.

Briefly describe why you are referring this child to Fast ForWord for the summer. Include any special factors to be considered (i.e. hearing impairment, health conditions, etc.)

Student History

Grades repeated: _____

Areas the student is currently failing:

- ELA** **Math** **Science** **Social Studies**

Other _____

Most recent LEAP scores: ELA _____ Math _____

Special Education Referral in process? **Yes** **No**

Response to Interventions through the SAT? **Yes** **No**

Does this student have good attendance to school? **Yes** **No**

Has he/she previously participated in Fast ForWord (not a requirement)? **Yes** **No**

If yes, which level in the program(s)? (Please check all that apply and where participated)

Foundations I **Foundations II** **Literacy** **Literacy Advanced**

Reading 1, 2, 3, 4, or 5 Where: _____

Has he/she previously participated in the Summer Fast ForWord program?

Yes **No**

Site of previous Summer Fast ForWord participation: _____

The student must be able to:

- Sit independently at the computer for up to **60 minutes** at a time (**students whose behavior interferes with the ability to work at the computer for a total of 100 minutes will not benefit from the program and should not be referred to this program**).
- Point and drag with a computer mouse
- Wear headphones that cover the ears for **50-100 minutes per day**
- Recognize primary colors, understand the concepts “small and large” and “same and different.”

Additional Information:

- **Students being referred must have completed 2nd grade or be at least 8 years old.**
- **Dates of the program: Tuesday, June 4th thru Thursday, July 25th (3-day program)**
- **Time: 8:30 a.m. – 10:30 a.m. * First Day for students – Tuesday, June 4th**
- **No ESY or Fast ForWord is scheduled the week of June 24th and the week of July 1st.**
- **FF Sites:** East: **Clearwood Junior High** 130 Clearwood Drive - Slidell
West: **Pitcher Junior High** 415 S. Jefferson Avenue - Covington

By submitting this application you are verifying the following:

(Please check to acknowledge that each area has been reviewed with parents)

___ The student does not have behavior issues which would:

- Prevent him/her from participating in the program for 2 hours, Tuesday thru Thursday in a computer lab setting.
- The student’s behavior would not interfere with other students in the computer lab.

___ Parents have agreed to continue the student’s medication throughout the summer (if applicable).

___ Parents understand that **daily attendance is mandatory.**

___ Students and family have committed to **consistent attendance of 2 hours per day, 3 days per week.**

___ Parents understand that transportation through the district is not available, and they are responsible for drop off and pick up at the required times.

___ Parent/students must be committed to the program (may include foregoing summer camp or other weekday events to attend Fast ForWord).

Student Review

Date of Review: _____

Description of Concern: _____

Refer for Fast ForWord Summer 2019 **Yes** **No**

List Accommodation(s) on IEP (if applicable)

This student was discussed at SAT, IEP, or staffing with parent(s). Parents and staff agree with proceeding with the application for consideration for Summer 2019 Fast ForWord.

Signatures of referring members: Must include either ODR, Pupil Appraisal Services Representative or SAT Chairperson. **(Form MUST be signed by the parent)**

School Administrator/ODR/PAS/SAT Chair

Parent

Speech-Language Pathologist

Referral source