

GATELY SUMMER ACADEMY – MATH

205 NE 50th Avenue
Portland, Oregon 97213
503-215-2672
Fax 503-215-2688

FAMILY APPLICATION

Due by 5/20/2011

Student Name: _____ Birthdate: _____ Age: _____ Sex: _____

Most recent school attended: _____ Current Grade: _____

School Address: _____ Phone: _____

Current Math teacher: _____ e-mail: _____

Name of Parent: _____

Address: _____

Phone (wk): _____ Phone (hm): _____ e-mail: _____

Is your student presently supported by an active IEP? _____ 504 Plan?: _____ Behavioral Plan? _____

- Does your child have any problems with the following?

	Yes	No	Describe
Academic achievement			
Attendance			
Discouraged about learning			
Behavior in school			
Behavior outside school			
Disorganization			
Timely completion of work			

- With what specific math concerns are you seeking help? (i.e. addition, subtraction, multiplication, division, word problems)

When did you become aware of these needs?

Please describe interventions you have tried to meet these needs.

- What are your child's strengths/assets?

Please complete the other side

- Does your child exhibit difficulties with social or behavioral interactions?
If so, please explain:

- Has your child ever been supported with academic assistance (including co-curricular or extracurricular school programs, outside tutoring, etc.)?
If so, please list:

Type of help: By whom (person/agency): When:

- Are you presently in contact with **any** supportive professionals?
If so, please list:

Name	Address	Phone

- List any current physical problems, allergies, medications, medical treatments, special diets, therapy, restrictions, or aids to **physical** functioning, and name of the prescribing physician or other health professional:

- Is there anything else you feel we need to know about your child in order to provide services for him/her?

- How did you become aware of our program?

Signature of person completing application	Print name
Date	Relationship to child