



Summer@Carroll

**High School Readiness  
(entering Grades 8-9)  
2012 Student Application**

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Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Returning Student Yes  No  Year(s) attended \_\_\_\_\_

Parent 1/Custodial (print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

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Parent 2 (print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_

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**Educational Information**

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

School Address \_\_\_\_\_

\_\_\_\_\_ School Phone \_\_\_\_\_

Language Arts Teacher Name \_\_\_\_\_ May we contact Lang. teacher with questions? \_\_\_\_\_

Math Teacher Name \_\_\_\_\_ May we contact Math teacher with questions? \_\_\_\_\_

## Parent Perceptions

In order to meet the goals of each student enrolled in *High School Readiness*, we carefully screen each potential candidate. To help us accurately assess the needs of each potential student, please provide as much information as you can that will help us with the evaluation and assessment process.

Write a brief description of your student including activities your student engages in during free time.

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How would you describe your student's academic successes and needs?

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Describe your student's writing ability.

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Describe your student's math ability.

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Is your student receiving services under an Individualized Education Plan (IEP) or 504 Plan?

yes

no

pending

Please use this space to provide any additional information you wish us to have with respect to your student that will help us in maximizing the *High School Readiness* experience.

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Describe your student's relationship with peers.

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Describe what your student has done in previous summers.

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## Application Statement

Acceptance to *High School Readiness* is based on admission criteria. Because *High School Readiness*' approach to writing and math support is cognitive in nature, students must fall within the average range of intellectual ability and be motivated to learn. *High School Readiness* is not appropriate for students with primary emotional or behavioral difficulties. The admission criteria are applied with equal consideration to all applicants. As part of the admission criteria and application process, a visit to Carroll School by the applicant and a parent is required.

**This application must be accompanied by a \$50 non-refundable application fee.**

*Carroll School admits students of any race, color, religion, national and ethnic origin, and sexual orientation, or with any disability that can reasonably be accommodated by the school, to all rights, privileges, programs and activities generally accorded or made available to students at Carroll School. It does not discriminate on the basis of such factors in the administration of its admission, financial aid, educational, employment, or athletic policies.*

All information in this application is true to the best of my knowledge. No information with regard to the profile of the applicant has been knowingly omitted.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## Diagnostic Information/Required Materials

Applications for *High School Readiness* will be reviewed after all information is received. Placement is made on a first-come, first-served basis, based on appropriate candidates.

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|--|---|
| <input type="checkbox"/> <b>Completed application</b>  | <input type="checkbox"/> <b>Language Arts Teacher Evaluation Form</b> |
| <input type="checkbox"/> <b>Copy of recent report card w/teacher comments</b>                  | <input type="checkbox"/> <b>Math Teacher Evaluation Form</b>          |
| <input type="checkbox"/> <b>Standardized testing such as WISC IV, WIAT, WJ3 with narrative</b> | <input type="checkbox"/> <b>\$50 non-refundable application fee</b>   |
| <input type="checkbox"/> <b>IEP/504 Plan (if applicable)</b>                                   |   |

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## How did you hear about the program?

School \_\_\_ Advocate \_\_\_ Friend \_\_\_ Open House \_\_\_ Web Site \_\_\_ Ad (where) \_\_\_\_\_  
Camp fair \_\_\_ Web Search \_\_\_ Testing Service \_\_\_ Other \_\_\_\_\_

<b>Mail this form with required application materials to:</b> Summer@Carroll Admissions Office Carroll School 25 Baker Bridge Rd. Lincoln, MA 01773 781-259-8342 ext. 9731
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This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Lincoln and Waltham Boards of Health.



# Summer@Carroll

## High School Readiness Program Language Arts Teacher Evaluation Form 2012

Parents: Please give this form to your child's current teacher. **Please be sure to fill in the student's name.**

Dear Teacher,

\_\_\_\_\_ is applying for High School Readiness Program, a five week  
(Student Name)  
writing and study skills program designed for students entering Grades 8-9 in the fall. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact the Summer@Carroll Office with questions at 781-259-8342 ext 9731.

Teacher Name \_\_\_\_\_ School \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date Form Completed \_\_\_\_\_

How long have you known this student? Years \_\_\_\_\_ Months \_\_\_\_\_

In describing this student, what are the first few words that come to your mind?

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In what area(s) does the student experience academic success and frustration? **Please be specific.**

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Independent / Needs Minimal Support / Needs Moderate Support / Dependent on Teacher / N/A

**Reading**

Decoding					
Reading Fluency					
Reading Comprehension					

**Writing**

Handwriting					
Spelling					
Creative Writing					

**Please comment on student's overall academic performance.**

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Independent / Needs Minimal Support / Needs Moderate Support / Dependent on Teacher / N/A

**Social/Behavioral**

Interacts well with teachers					
Interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

**Please comment on student's overall daily social/behavioral interactions.**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to: Summer@Carroll Admission Office • Carroll School  
 25 Baker Bridge Road • Lincoln, MA 01773 • 781-259-8342 ext. 9731



# Summer@Carroll

## High School Readiness Program Math Teacher Evaluation Form 2012

Parents: Please give this form to your child's current teacher. **Please be sure to fill in the student's name.**

Dear Teacher,

\_\_\_\_\_ is applying for High School Readiness Program, a five week  
(Student Name)  
writing and study skills program designed for students entering Grades 8-9 in the fall. The information requested below will be very helpful in determining if our program can meet the needs of this child. It will also help us to group students. All information will be held in the strictest confidence.

Please feel free to contact the Summer@Carroll Office with questions at 781-259-8342 ext 9731.

Teacher Name \_\_\_\_\_ School \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date Form Completed \_\_\_\_\_

How long have you known this student? Years \_\_\_\_\_ Months \_\_\_\_\_

In describing this student, what are the first few words that come to your mind?

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In what area(s) does the student experience academic success and frustration? **Please be specific.**

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Independent / Needs Minimal Support / Needs Moderate Support / Dependent on Teacher / N/A

**Academic**

Calculation/Operations					
Whole Numbers					
Decimal Numbers					
Fractions					
Fact Fluency					
Concepts					
Number Sense					
Geometry					
Measurement					
Algebra/Patterns					
Strategies Used					
Calculator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Note Cards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Charts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Advanced    Proficient    Needs Improv.    Warning

MCAS Results				
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Please comment on student's overall academic performance.

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Independent / Needs Minimal Support / Needs Moderate Support / Dependent on Teacher / N/A

**Social/Behavioral**

Interacts well with teachers					
interacts well with classmates					
Demonstrates appropriate classroom behavior					
Behaves appropriately during unstructured time					
Demonstrates positive attitude					

Please comment on student's overall daily social/behavioral interactions.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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