The Katherine Thomas School
TLC
The Treatment and Learning Centers

9975 Medical Center Drive
Rockville, Maryland 20850
301.738.9691
Lower/Middle School Fax 301.738.8897
High School Fax 301.424.0326
TTY 301.424.5203
www.ttlc.org

ADMISSIONS PROCEDURES

1. Interested parents should call the Admissions Director of The Katherine Thomas School to attend an Open House or arrange a personal tour of the school. The completed application form should then be submitted with the $125.00 application fee.

2. Current psychological and educational tests are required and reports may be submitted with the application or sent directly to The Katherine Thomas School from professionals. We recommend a psychological evaluation within two years of the date of the application and an educational evaluation within one year. Other relevant tests and reports (speech/language, occupational therapy, tutoring, etc.) should also be submitted. The child's present teacher should be asked to complete and submit the Teacher Evaluation Form. Please submit the complete and current Individual Education Plan (IEP), if available.

3. A member of the Admissions Committee and individual classroom team members will observe the prospective student during a 2-day classroom visit to the school or, for the preschool, a three-hour visit. A visit will be scheduled only if we believe we can meet your child's needs. In some cases, a staff member may visit the child's current school for an observation.

4. The Admissions Committee will review application information to determine the appropriateness of our program for each prospective student. The Admissions Director will then confer with parents as to the admission decision.

The Katherine Thomas School has a rolling admissions policy whereby students may apply at any time during the year and receive an admissions decision as soon as the process is completed. Students are encouraged to enroll at any time, and mid-year enrollments will be made if appropriate, as space is available.

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PLEASE COMPLETE BEFORE SUBMITTING APPLICATION

The Katherine Thomas School Parent Check Sheet

Yes	N/A	Please include:
☐	☐	Application form with $125.00 non-refundable application fee
		Evaluations (refer to admissions procedures):
☐	☐	○ Psycho-Educational **or** Neuropsychological
☐	☐	○ Speech/Language Evaluation
☐	☐	○ Occupational Therapy Evaluation
☐	☐	Individualized Education Plan (IEP)
☐	☐	Parent Evaluation Form
☐	☐	Teacher Evaluation Form (must be forwarded directly to KTS by current teacher)
☐	☐	Report Release Form (included in application packet)
☐	☐	Most Current Report Card
☐	☐	Current Transcript (High School Students)
☐	☐	Picture of applicant (optional but very helpful)
☐	☐	

An incomplete packet will delay the application process.

The application process will also include the following:

-A two-day classroom visit, or for the preschool, a three-hour visit
-Conversation with staff from current school
-Possible observation of student in current school

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TUITION AND FEES

Tuition at the Katherine Thomas School reflects the cost of providing the highly individualized instruction and integrated related services for children with learning disabilities, language disabilities, and/or high functioning autism. Classes are necessarily small, requiring certified teachers and other licensed professionals who specialize in working with students who face academic challenges. A higher ratio of in-class time by a counselor, speech-language pathologist and occupational therapist is provided. The professionals work as a team in the classroom and in consultation to provide an intensive and integrated program. Tuition rates are subject to change at any time.

An Activity Fee is used to cover in school instructional materials and supplies, and the cost of field trips are in addition to tuition. ACTIVITY FEE TOTAL: $900 for Preschool, $2,750 for all other programs (Fee subject to change for upcoming academic year).

Payment plans are available through TLC. KTS is an approved school for Sallie Mae loans

Preschool Tuition: $33,110.22
Lower/Middle School Tuition: $48,352.59
High School Tuition: $52,887.34
Stride: $93,355.08
Excel: 82,688.40
BOOST: $65,450.00

A non-refundable deposit of $2,000 is due upon completion of the admissions process and based on acceptance. The deposit will secure your child's placement and is applied to the tuition.

Parents are responsible for the tuition, but may appeal to a public school system for funding to a private special education school. Under federal and state law, students with special needs are entitled to a free and appropriate education. If a public school system does not provide such an appropriate program, parents have the right to request the public school system to fund tuition at an appropriate private school.

FEES FOR RELATED SERVICES

Related Services are in addition to the tuition. Funded students will start with the related services indicated on their IEP. As a part of the admissions process, the related services professionals will determine service amount after a review of reports, evaluations, and the student's visit. The related services determined by the team are critical to the student's academic progress. They are a condition of the student's acceptance and part of the signed contract. Students who do not require any related services are likely to need a less restrictive school setting than KTS.

Speech/Language Therapy	(included in tuition)
Occupational Therapy	$96.68 per hour
Physical Therapy	$146.52 per hour
Counseling	$103.00 per hour
1:1 Aide	$32.08 per hour

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APPLICATION FOR ADMISSIONS

Please send this application with $125 application fee to the Admissions Director.

APPLICANT INFORMATION

Academic Year applying for:_____
Grade you are applying for:_____

Student's Name: _____
FIRST MIDDLE LAST (FULL NAME)

Home Address: _____
STREET ADDRESS

_____
CITY STATE ZIP

Home Phone: ( )_____ Fax: ( )_____

Date of Birth: _____ Age: _____ Country of Birth: _____

Gender: ( ) Male ( ) Female Name that student prefers to be called:_____

Present School: _____ Current Grade: _____

Have you ever applied to KTS before?_____

If so, what year?_____

PREVIOUS SCHOOLS

Name of School: _____

Address with Zip Code:_____

_____

Grade(s) Attended/Dates of Enrollment: _____

_____

Name of School: _____

Address with Zip Code: _____

_____

Grade(s) Attended/Dates of Enrollment: _____

PARENT/GUARDIAN INFORMATION (COMPLETE FOR EACH PARENT/GUARDIAN)

( ) Dr. ( ) Mr. ( ) Mrs. ( ) Ms. ( ) Rev. ( ) Esq. ( ) Other _____ Relationship to Applicant _____

Name of parent: _____
FIRST MIDDLE LAST

Home Address (if different from applicant): _____
STREET

_____
CITY STATE ZIP

Telephone: ( ) _____ Cell: ( ) _____ Email: _____

Occupation: _____ Title: _____

Name of Employer: _____
BUSINESS ADDRESS

_____
CITY STATE ZIP

Telephone: ( ) _____

( ) Dr. ( ) Mr. ( ) Mrs. ( ) Ms. ( ) Rev. ( ) Esq. ( ) Other _____ Relationship to Applicant _____

Name of parent:_____
FIRST MIDDLE LAST

Home Address (if different from applicant): _____
STREET

_____
CITY STATE ZIP

Telephone: ( ) _____ Cell: ( ) _____ Email:_____

Occupation: _____ Title:_____

Name of Employer:_____
BUSINESS ADDRESS

_____
CITY STATE ZIP

Telephone: ( ) _____

Legal Guardian (if not parent): _____

Person Responsible for Tuition: _____

TESTING

Testing your child has been given:

Type of Test	**Tested by**	**Date**
_____Educational	_____	_____
_____Psychological	_____	_____
_____Speech/Language	_____	_____
_____Occupational Therapy	_____	_____
_____Other	_____	_____

PLEASE ENCLOSE TEST REPORTS WITH THE APPLICATION.

Has your child received any special education services? Please check as appropriate:

_____ Resource Room _____ Speech/Language Therapy

_____ Tutoring _____ Occupational Therapy

_____ Special Education Class _____ Counseling

_____ Other (please describe) _____

REFERRALS

From what source(s) have you heard of KTS? (Please be specific.)

☐ Print Ad ☐ Psycho educational Evaluators

☐ Website ☐ KTS Family/Community Member

☐ Educational Consultants/Attorney's Name: _____

☐ Other (Please describe): _____

I give The Katherine Thomas School permission to contact any professional involved in the assessment, education or treatment of my child _____ for additional information, if necessary.

Parent Signature: _____ Date: _____

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PARENT EVALUATION FORM

_____ (child's name)

We would like you to tell us about your child. Please feel free to add any comments you wish.

1. What are your child's strengths and areas of special interest?

2. What are your child's weak areas?

3. How does your child relate to peers?

4. How does your child relate to adults?

5. How does your child learn best?

6. How do his/her social skills and maturity compare to age mates?

7. Does your child have any medical or behavioral problems which will affect learning at school?

8. Why would you like your child to attend The Katherine Thomas School?

9. Please provide any additional information that may be helpful in understanding your child

10. Name _____

Date _____

Thank you for taking the time to complete this form. Please return it as soon as possible to:

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The Katherine Thomas School
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TEACHER EVALUATION FORM

_____ (child's name) has applied to The Katherine Thomas School. We would like you to tell us about this child. Feel free to add any comments you wish. **Using the enclosed envelope, please return your evaluation directly to The Katherine Thomas School.**

1. What are this child's strengths and areas of special interest?

2. What are this child's weak areas or specific learning and language disabilities?

3. How does this child relate to peers?

4. How does this child relate to adults?

5. How do his/her academic skills compare to classmates?

6. How do his/her social skills and maturity compare to classmates?

7. Has this child had any medical or behavioral problems which affect learning at school?

8. Please briefly describe the type of educational program in your classroom (e.g., regular or special education, academic level, degree of structure, size of class, etc.)

9. Other comments:

10. Teacher's Name: _____

School: _____

Email: _____

11. May we call you for further information? _____yes _____no

If yes, what days and hours are convenient?_____

Telephone: Home_____ Work_____

Thank you for taking the time to complete this form. Please return it as soon as possible to:

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Authorization for Use or Disclosure of Protected Health Information

Consumer Name: _____ **Birthdate:** _____

I authorize my TLC professional and/or administrative staff to Use/Disclose the following protected health information.

Select the Protected Health Information to be used or disclosed (check all that apply):

☐ Audiology
☐ Occupational/Physical Therapy
☐ Speech-Language Therapy
☐ Medical
☐ Tutoring
☐ Psychological
☐ Other: (describe)
_____
Educational

Type of Information (check all that apply):

I further consent to the use and / or disclosure by TLC of Protected Health Information in the following form(s):

☐ Written	☐ Verbal Exchange	☐ Video / Audio Records	☐ Other:

Electronic Communications (check all that apply)
I request and authorize the following types of electronic communications:

☐ E-mail	☐ Voice Mail	☐ Text Message	☐ Fax	Other:

Persons to receive information:

Self/Parent _____ Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

This protected health information is being used or disclosed at your request for follow-up by participating professionals and/or for insurance/reimbursement purposes.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to:

KTS/KTHS – School Director
9975 Medical Center Dr.
Rockville, MD 20850

I understand that a revocation is not effective to the extent that my physician has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim or if my authorization was required for treatment provided by participating in a research study.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that if I refuse to sign this authorization I may not be eligible for, or receive research-related treatment or treatment that I have requested for the purpose of disclosure to others.

_____ _____
Signature of Consumer or Legal Representative Date

_____ _____
Print Name of Consumer or Legal Representative Relationship to Consumer