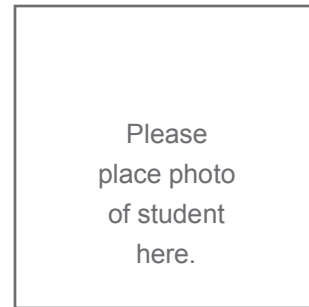




# Application for Admission

13300 Arctic Avenue  
Rockville, MD 20853



Application for School Year \_\_\_\_\_

Student full name \_\_\_\_\_ Application for grade Select One

This application is a formal request for consideration for admission of your child to SULAM.

The strength of partnership between school and home is strongly correlated with student outcomes. As such Sulam endeavors to partner with parents to create a collaborative team effort to facilitate student progress. It is therefore imperative that all information about the student is openly provided. Sulam is bound by confidentiality and all information is safeguarded.

I hereby agree to provide SULAM with accurate and current information that must include all educational testing, psychological testing, and current IEP. This information will become part of your child’s permanent record at the time of enrollment. I also grant permission for appropriate staff of SULAM to contact the professionals listed in this application.

***I certify that all information submitted in the admission process – including this application and any other supporting materials – is factually true, and honestly presented, and there are no omissions of information to the best of my knowledge. I understand that should the information presented be inaccurate or if information is intentionally omitted this could result in disqualification for the Sulam program.***

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

Please return this application form and all relevant materials accompanied by a nonrefundable fee of \$300.00 to:

Elise Saks  
SULAM, Inc. 13300 Arctic Avenue  
Rockville, MD 20853

*Please do not fax documents due to the sensitive nature of the materials. Please keep originals for your own files, as any materials submitted to Sulam remain part of our confidential records.*

In order to be considered for admission and/or scholarship, all applications for admission and scholarship must be submitted as soon as possible and no later than May 1<sup>st</sup>. Please review the checklist page of this application to ensure that all documents have been submitted. This application will not be processed until all documents are received.

# General Information

Application for grade Select One

Student's Full Name \_\_\_\_\_ Male  Female

Student's Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in September \_\_\_\_\_

Student's Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

## Mother/Guardian:

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Address (if different from the applicant) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

## Father/Guardian:

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Address (if different from the applicant) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

## Siblings:

Name	Age	Education/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents marital status:  Married  Divorced  Separated  Widowed

Are there any custody concerns for which Sulam program needs to be aware?  Yes  No

Current family Synagogue affiliation (Congregation)

Has either parent or applicant undergone a conversion to Judaism? If so, please check appropriate box.

Mother  Father  Applicant Date of conversion:

Name of Rabbi or Rabbinical court that presided: \_\_\_\_\_

Please provide documentation with this application.

# Psycho-Educational Profile

**Please note that these forms are confidential and only viewed by the Sulam team to determine eligibility for entry to the Sulam program.**

Has your child had any form of education, psychological and/or related service evaluation (s)?  
 Yes  No If so, please include a copy of the results.

Does your child have a current IEP?  Yes  No

If so, please include a copy.

Does your child have a diagnosed disability?\*  Yes  No

Please specify

Current program / grade

Contact person at program

Phone

\*Sulam does not have programming for students with a primary diagnosis of emotional disability.

Has your child received services, or currently receives services, from any of the following:

**Speech/Language**  Yes  No Include name & phone number of service provider and frequency

**Occupational Therapy**  Yes  No Include name & phone number of service provider and frequency

**Physical Therapy**  Yes  No Include name & phone number of service provider and frequency

**Psychologist/  
Social Worker**  Yes  No Include name & phone number of service provider and frequency

**Psychiatrist**  Yes  No Include name & phone number of service provider and frequency

List previous programs starting with preschool and dates attended:

Has your child ever been retained?  Yes  No If yes, specify grade and please explain

Indicate what you believe your child's strengths are (include any special talents and interests)

Indicate what you believe are your child's challenges

Please indicate any specific accommodations / adaptations, special curriculum material, and technology from which your child has derived benefit

# Social / Emotional Profile

Please check any of the following behaviors that describe your child.

## Interests

- art
- music
- athletics
- STEM
- Gaming
- other (please specify)

## Pro-social skills

- exhibits leadership skills
- positive self-esteem
- resilient
- cooperative
- positive friendships
- seeks out social opportunities

## Learning Behaviors

- doesn't seem to understand questions or directions
- lacks motivation
- difficulty retaining information
- difficulty using numbers
- avoids reading
- avoids homework
- difficulty writing
- slow worker
- works too fast
- poor performance on tests and assessments

## Social Behaviors

- shy / withdrawn
- difficulty forming friendships
- difficulty maintaining friendships
- bullied by others
- lies

## Attention / Hyperactivity

- difficulty regulating attention /short attention span
- overly active at times
- impulsive at times

## Executive Functioning

- difficulty with planning
- difficulty with organization
- poor study skills

## Executive Functioning cont.

- poor concept of time
- difficulty engaging in less preferred activities
- difficulty with changes in routine

## Activities of Daily Living

- uses the bathroom independently
- has toileting accidents
- difficulty dressing independently
- difficulty tying shoelaces

## Hygiene

- showers regularly
- brushes teeth regularly
- wears deodorant regularly

## Anxiety

- worries often
- often anxious in social situations
- demonstrates obsessions and compulsions
- easily stressed
- experiences separation anxiety
- demonstrates perfectionism
- experiences specific fears/phobias, please specify
- experiences panic attacks

## Depression

- frequent depressed mood
- exhibits fatigue / loss of energy
- frequent insomnia
- excessive sleep
- history of injurious behavior
- history of suicidal ideation, please specify

## Aggression

- verbally aggressive at times
- physically aggressive at times
- teases / bullies at times
- frequent angry mood

## Other

- communication / speech challenges
- difficulty with gross motor skills (running, jumping, hopping)
- difficulty with fine motor skills (cutting, writing, etc.)
- difficulty accepting support

Please comment on any behaviors that particularly concern you:

# Medical History

Did the mother experience any health problems during pregnancy?  Yes  No

If yes, please explain:

Birth weight \_\_\_\_\_ (lbs. & ozs.)

Did your child have difficulty learning to:

Eat  Yes  No If yes, please explain

Sleep  Yes  No If yes, please explain

Sit  Yes  No If yes, please explain

Walk  Yes  No If yes, please explain

Talk  Yes  No If yes, please explain

Use toilet  Yes  No If yes, please explain

Please list any medical or psychiatric diagnoses.

List any allergies your child has

Is your child under any medical treatment of taking medications at present?  Yes  No

If yes, please explain and list the medication:

Has your child ever been hospitalized?  Yes  No

For each time, please list the reason, length of hospitalization and the age of the child at the time.

Is your child up to date on all their immunizations?  Yes  No

If no, please explain

Students who are not immunized are not accepted into the program without qualifying medical exemption and documentation from an accepted medical provider.

List doctor(s) name, address and phone number

# Judaic Studies

## Hebrew reading

Please check the statement(s) that best describes your child's Hebrew reading skills:

- My child reads Hebrew fluently.
- My child can translate Hebrew text.
- My child has some experience reading Hebrew, but needs additional instruction / practice.
- My child does not read Hebrew.

## Hebrew writing

Please check the statement that best describes your child's Hebrew writing skills

- My child is able to write in Hebrew
- My child has some experience writing in Hebrew, but needs additional instruction / practice.
- My child does not write in Hebrew.

## Please check all that apply

My child has learned:

- Chumash
- Rashi
- Mishna
- Talmud

Please use this space for any additional information that you feel would help us understand your child better.

Notice Regarding Equal Opportunity: Sulam is an Equal Opportunity Institution, dedicated to the concepts of equity and equal opportunity. Given its special mission, however, Sulam must reserve the right to determine in its sole discretion whether any particular student will be accepted for admission or retained in the Sulam program either during a given academic year or in subsequent years. The Sulam program is not the appropriate placement for every child. Whether Sulam is an appropriate placement for any given child cannot always be determined in advance. Acceptance into the Sulam program is no guarantee of continued enrollment. Enrollment of any student may be terminated at any time for any reason in Sulam's sole discretion. Sulam uses its best efforts for every student, but does not warrant that any given student will be successful or achieve stated or desired goals



13300 Arctic Avenue  
Rockville, MD 20853  
301-348-1323

**AUTHORIZATION FOR EXCHANGE OF INFORMATION**

I authorize the following organizations \_\_\_\_\_ Sulam \_\_\_\_\_ and \_\_\_\_\_

to release/exchange information and share communication in verbal, written and/or electronic form regarding:

Student Name: \_\_\_\_\_

Student date of birth: \_\_\_\_\_

This information is to be used in the planning of an appropriate educational program for the student. The confidentiality of the information received will be protected by the State and General guidelines regarding the collection, maintenance and dissemination of student records.

- |  |  |
|--|--|
| <input type="checkbox"/> Grades Report Card          | <input type="checkbox"/> Psychological/Psychoeducational/<br>Neuropsychological Evaluation |
| <input type="checkbox"/> Standardized Test Results   | <input type="checkbox"/> Psychiatric Evaluation  |
| <input type="checkbox"/> Health/Immunization Records | <input type="checkbox"/> Special Education Data (IEP)                                      |
| <input type="checkbox"/> Attendance Records          | <input type="checkbox"/> Gifted Education Data (if separate from special<br>education)     |
| <input type="checkbox"/> Transcripts/Credit data     | <input type="checkbox"/> Other, please specify:  |
| <input type="checkbox"/> Discipline Records          |  |

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## CONSENT FOR RELEASE OF PROFESSIONAL INFORMATION

I (we) authorize and request the following individuals to release confidential information from professional contacts to the selections committee and treatment team at SULAM. I also authorize SULAM staff to share relevant information with the individuals listed below. I understand that the information will be used for professional purposes only.

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

### ***Previous School Administrator/Teachers::***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_ \_\_\_\_\_ Email: \_ \_\_\_\_\_

### ***Psychologist:***

Name: \_ \_\_\_\_\_  
Address: \_ \_\_\_\_\_  
Phone: \_ \_\_\_\_\_ Email: \_\_\_\_\_

### ***Psychiatrist***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_ \_\_\_\_\_ Email: \_ \_\_\_\_\_

### ***Therapists (Current or Past) ie OT, PT, SLP:***

Name: \_\_\_\_\_  
Address: \_ \_\_\_\_\_  
Phone: \_ \_\_\_\_\_ Email: \_ \_\_\_\_\_

### ***Other:***

Name: \_ \_\_\_\_\_  
Phone: \_ \_\_\_\_\_ Email: \_ \_\_\_\_\_

When and if a new professional becomes involved, I will inform the division chair or psychologist and add their name to the list of approved contacts.

\_\_\_\_\_  
**Parent's Signature** (date) \_\_\_\_\_



## Sulam Application checklist

Please submit this checklist with checkmarks in all boxes indicating submission of all documentation. Place this page on top of all documentation submitted.

Student Name\_ \_\_\_\_\_ Date of Birth\_ \_\_\_\_\_

Entering Grade\_ \_\_\_\_\_ Application submission date\_ \_\_\_\_\_

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

Phone number \_ \_\_\_\_\_ Email Address\_ \_\_\_\_\_

**Checklist:**

- Completed application form
- Application fee – check for \$300 made out to Sulam.
- Current psycho-educational testing (for high school applicants testing is within 3 years)
- Date of scheduled updated testing if applicable\_ \_\_\_\_\_
- Report cards, progress reports, IEPs for last two years of schooling
- Complete list of all medications
- Completed and signed Consent for Release of Professional Information form to speak with psychologists/psychiatrists or any other professional consultant
- Scholarship application completed (if applicable)

Thank you! If you have any questions please contact the Sulam office at 301-348-1323

**Submit Application**

**For Office Use**

Date of Receipt \_\_\_\_\_

Application complete \_\_\_\_ Yes \_\_\_\_ No

Documents pending \_\_\_\_\_

---