We are pleased that you have expressed an interest in the Starpoint School at Texas Christian University. Starpoint School is a laboratory school that has served children with learning challenges in the Fort Worth area for over forty years.

We receive many applications each year and have only a few available places for new students. Students are chosen by a variety of criteria: age, testing, profiles, and suitability for participation in research, openings available and clinical interest. The child that best fits our program might typically be of average to above average intelligence- 90 and above according to the Wechsler Intelligence Scale for Children IV, has completed a regular kindergarten class and has demonstrated learning differences and/or attentional difficulties with no significant behavioral problems. Because part of our mission is a laboratory school, it is imperative that students chosen are those who will both benefit from our curriculum and provide a more comprehensive educational experience for our TCU students.

Please complete the forms and return to us with a non-refundable application fee of $50.00. If the $50 application fee poses financial difficulty, please call our office at 257-7141. After diagnostic review, if applicant’s needs are within the range that we serve, you will be contacted to arrange a day for him/her to visit Starpoint usually during the months of February and March. Please note that these visits do not guarantee admission to the school. Placement decisions are usually made by the end of April.

Upon acceptance there is a nonrefundable registration fee of $500.00 that will be due. TCU sets the tuition each year and makes that information available to us in the spring. There is also a $125 per semester supply fee that is billed with tuition. Financial aid is available for qualified families based on need.

Thank you for your interest and we look forward to hearing from you.

Sincerely,

Marilyn Tolbert, Ed. D.  
Director & Jean W. Roach Chair  
of Laboratory Schools  

LaJean Sturman  
Starpoint School  
Office of Admissions
Starpoint School
APPLICATION PROCEDURE

1. **Diagnostic Report** – Sent from the agency or individual performing the evaluation.

2. **Records Release Form** – Sent by parents to present school and the agency or individual who gave the evaluation.

3. **Student Information Form** – Completed by parents and returned to Starpoint School accompanied by a $50.00 application fee, which is non-refundable.

4. **Meeting With Director** - When all information has been received we will contact you to arrange a time that you can meet with the director, if this has not already been done.

5. **Child Visit** - During the spring semester you will be contacted by one of our teachers to plan a day visit for your child.
Starpoint School
SCREENING REQUIREMENTS

Starpoint School requires the following assessment information in order to be considered for admission. These tests can be administered by your local public school district staff or a variety of private and non-profit agencies. We can give you the names of diagnosticians with whom we are familiar if you do not have one.

Test information required for placement consideration:

- One individually administered intelligence test
- One Individually administered academic achievement battery

These tests are preferable:

Acceptable individually administered intelligence tests are:
- Wechsler Intelligence Scale for Children IV
- Wechsler Intelligence Scale for Children III
- Stanford-Binet Intelligence Scale IV
- Kaufman Assessment Battery for Children
- McCarthy Scales of Children’s Abilities
- Woodcock –Johnson Test of Cognitive Ability

Acceptable individually administered achievement batteries:
- Woodcock-Johnson Psycho-Educational Battery
- Kaufman Test of Educational Achievement
- Wechsler Individual Achievement Test
- Wide Range Achievement Test (least preferable)

Other testing information helpful in placement consideration would be behavioral or academic checklists, speech and language assessments and tests of perceptual or visual motor skills. The admissions committee may consider some variations to the assessment requirements, but may request additional testing as well.

Other information beneficial to us in assessing the suitability of a placement at Starpoint School for your child is:

- School progress reports (grades and comments) for each year
- Samples of recent work in reading, math and writing
- Any additional information that would be helpful to us
REQUEST FOR STUDENT RECORDS

To the parent or guardian:

Please fill in your child’s name below, sign where indicated at the bottom and give this form to the principal or headmaster at his/her current school, testing center, psychologist or physician. You should send this form to any agency or individual that you think will be able to provide relevant educational or medical information. This form may be duplicated if you are requesting that information be sent from multiple sources.

Student’s name ____________________________________________

To the school:

Please send all records for the student whose name appears above. Such records would include identifying data, grades, classroom citizenship, attendance information, testing and evaluation results, health information, activities and commendations.

Send to: Starpoint School
TCU Box 297410
Fort Worth, Texas
76129

____________________________________________  __________
Signature of parent or guardian                  Date
Please take your time when completing this form so that we may have as comprehensive a picture of your child as possible. This will help us more effectively assist your child and your family.

Child’s Name: _____________________________________________________________________

Name child prefers: ________________________________________________________________

Date of Birth: __________  Current Age: __________

Home Phone: ____________________________

Home Address: __________________________________________________________________

Street/Box

City  State  Zip Code

Child is living with: ____________________________ Relationship: _______________________

Child’s present school: ____________________________  Present Grade Level: _______________

School Address: ________________________________

Street/Box

City  State  Zip Code

Other Schools Attended: __________________________________________________________________

By whom was Starpoint recommended: __________________________________________________________________

---

**Family Information**

**Mother**

Marital Status (circle one)  Single  Married  Separated  Divorced

Mother’s Name: __________________________________________________________________

Address: _________________________________________________________________________

Street/Box  City  State  Zip Code

Email Address: ___________________________________________________________________

Home Phone: __________  Work Phone: __________  Mobile: __________

Highest Level of Education: _________________________________________________________

Occupation: _____________________________________________________________________
Father
Marital Status (circle one) Single Married Separated Divorced

Father’s Name: ___________________________ ___________________________.

Address: ____________________________________________________________________________

Street/Box City State Zip Code

Email Address: ________________________________________________________________

Home Phone: __________ Work Phone: __________ Mobile: __________

Highest Level of Education: __________________________

Occupation: __________________________________________

Employer: ____________________________________________________________________________

Business Address: __________________________________________

Street/Box City State Zip Code

Home Environment
If parents are separated or divorced, what is the custody and visitation arrangement for your child?

______________________________________________________________________________________

______________________________________________________________________________________

If parents are divorced and remarried, please complete the following information on step-parents:

Stepfather’s Name: __________________________

Address: ____________________________________________________________________________

Street/Box City State Zip Code

Email Address: ________________________________________________________________

Home Phone: __________ Work Phone: __________ Mobile: __________

Highest Level of Education: __________________________

Occupation: __________________________________________

Employer: ____________________________________________________________________________

Business Address: __________________________________________

Street/Box City State Zip Code

Home Environment
If parents are separated or divorced, what is the custody and visitation arrangement for your child?

______________________________________________________________________________________

______________________________________________________________________________________

If parents are divorced and remarried, please complete the following information on step-parents:

Stepfather’s Name: __________________________

Address: ____________________________________________________________________________

Street/Box City State Zip Code

Email Address: ________________________________________________________________

Home Phone: __________ Work Phone: __________ Mobile: __________

Highest Level of Education: __________________________

Occupation: __________________________________________

Employer: ____________________________________________________________________________

Business Address: __________________________________________

Street/Box City State Zip Code
Stepmother’s Name: ______________________________________________________________

Address: ____________________________________________________________

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Email Address: __________________________________________________________

Home Phone: __________ Work Phone: __________ Mobile: __________

Highest Level of Education: ____________________________________________

Occupation: __________________________________________________________

Employer: ____________________________________________________________

Business Address: _____________________________________________________

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Is your child adopted? __________ If so age at time of adoption __________

Siblings:

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Others in home:

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Other Interventions

Has your child ever been retained? __________ If yes, what grade and reason for retention: __________

Special Services: If your child is receiving any of the following services privately or at current school please list the name of the person or school providing service along with the frequency.

Private Tutoring ____________________________

Individual Counseling _______________________

Family Counseling __________________________

Private Tutoring ____________________________
Speech Therapy _________________________________________________________________
Language Therapy _______________________________________________________________
Resource Room Services __________________________________________________________
Remedial Reading _________________________________________________________________
Reading Recovery _________________________________________________________________
Occupational Therapy _____________________________________________________________
Other ____________________________________________________________

Has your child been diagnosed with:
ADD or ADHD? _________________________________________________________________
Oppositional Defiant Disorder? _____________________________________________________
Anxiety or Obsessive Compulsive Disorder? __________________________________________
A diagnosis within the autism spectrum, e.g. Asperger’s syndrome, Pervasive Developmental Disorder (PDD or PDD NOS), etc.

Please list the diagnosing/Treating Physician(s) and/or Psychologist(s)

Current treatment? ________________________________________________________________

Current medication(s) if applicable: _________________________________________________

Please list and explain any medical condition(s) or history of which we should be aware. Examples: birth difficulties, allergies, asthma, sickle cell, diabetes, hemophilia, seizure disorder, etc.

________________________________________________________________________________________

________________________________________________________________________________

Routine

Please note any unusual or remarkable behaviors at home. ________________________________

________________________________________________________________________________

Afternoon and evening schedule / routine: _____________________________________________

________________________________________________________________________________

Extracurricular activities and participation: (Soccer, Baseball, Dance, Gymnastics, Piano, Scouts, etc.) ____________

________________________________________________________________________________