

COMMONWEAL FOUNDATION
LEARNING DISABILITIES SUPPORT PROGRAM APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

Name of Student: _____ Date: _____

Name of Parents/Guardian: _____

Address: _____

PO Box or Street, City, State ZIP

Telephone: _____

Home Number;

Parents' Work

Other Number

Male: ___ Female: ___ E-mail address: _____

Age: _____ Birthdate: _____ Current Grade: _____

School Information: _____

School Name

Contact Person (teacher, counselor, administrator)

Phone Number

PO Box or Street, City, State ZIP

Name and Title of Person Making Referral: _____

1. Reason for Referral/Tutoring Needs: _____

2. Has testing related to tutoring needs been completed: ___ Yes ___ No

If so, by whom and when: _____

EDUCATIONAL:

1. List concerns at school: _____

2. Has student ever repeated a grade: ___ Yes ___ No What grade(s)? _____

3. Does student receive any special services at school or elsewhere? ___ Yes ___ No

If so, what services (ex. Speech/Language, LD, OT) and how often. _____

4. Further information (ex. medical issues) you would like us to know regarding your child? _____

5. What services are you requesting? Please circle: LD Testing Tutoring ADHD Evaluation

6. Attach **copies** of report cards and any testing results, including MSA, Terra Nova, etc.

NOTE: Your signature below allows Commonwealth Foundation staff to communicate with your child's school in order to gather data needed by the Review Committee for decision making purposes. This includes information concerning academics, evaluations and discipline. It also allows for the start of services, should services be approved.

Signature (Parent/Guardian) _____ Date _____

Commonweal Foundation – 10770 Columbia Pike, Suite 150, Silver Spring, MD 20901

Phone: 240/450-0000 FAX: 240/450-4115 (attention KM)

LEARNING DISABILITIES SUPPORT PROGRAM
Commonweal Foundation

FINANCIAL ASSISTANCE FORM

ADDITIONAL FINANCIAL INFORMATION: *Check all that apply*

Loss of job Change in work status Income Increase/Reduction Medical/Dental expenses
 Illness or injury Recent separation/divorce Child Support (recv'd or paid)
 Alimony (recv'd or paid) Education expenses other than for the applicant Bankruptcy

Please explain the financial impact of each of the items you checked above:

List any individual(s) who resided with you at least 50% of the time last year and/or for whom you provided at least 50% of their support:

INCOME REPORTING:

Filing status: I filed a tax return for 2006 I did not file a tax return for 2006

Do you have income that was not reported on your 2006 tax return? Yes No
If yes, what is the amount and the source of the income?

The LDSP Committee may request additional information if it is unable to make a determination based on the financial documents provided (2006 Federal Tax return, other).

NON-CUSTODIAL SUPPORT

Does the applicant have a parent who does not live with him/her? Yes No

What is the estimated annual income of this parent? _____

PLEASE CHECK THAT YOU HAVE COMPLETED & INCLUDED THE FOLLOWING:

1, 2, 3 and 4 are REQUIRED before consideration by the LDSP committee.

- 1) Completed AND signed application with required documents attached**
- 2) 2006 Federal or State Tax Return with student's name listed (must show all income for the year, signature of Taxpayer and/or Paid Preparer) and all Schedules for 2006, OR other government financial documents (SSA, SSI, TANF, etc.) if NOT required to file 2006 taxes**
- 3) Final Report Card for 2006-2007 or most current report card available**
- 4) Recent Testing/Evaluation, including state (MSA or Terra Nova)**
- 5) Current IEP(Individual Educational Plan), any evaluations done in order to be considered for Special Education services and the latest MDC report if your child has one developed at school**