



## Supplemental Application

For students entering OJA for the 2014-2015 School Year

**Please attach:**

- **A xerox copy of your Admissions Application for all campuses for which you have/are planning to apply to.**
- **A complete copy of any IEP or 504 plan(s), and latest Educational or Psycho-Educational Testing and Evaluations.**
- **Any additional information you feel relevant or extended answers to any question below.**

**Student Information:**

Full Name \_\_\_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Grade for which you are applying/currently attending \_\_\_\_\_

Campus(es) applying \_\_\_\_\_

Home Address \_\_\_\_\_  
*City State Zip*

Home Phone Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

Student Email \_\_\_\_\_ Student Phone \_\_\_\_\_

\* How did you hear about the Online Jewish Academy? \_\_\_\_\_

Languages are spoken in your home \_\_\_\_\_

List of children in family (*not including applicant*) Please attach separate page for additional children.

Name	Gender	School Attending	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____

Name	Gender	School Attending	Current Grade
_____	_____	_____	_____

\_\_\_\_\_  
Name Gender School Attending Current Grade

Primary Care of Student:  Parent(s)  Grandparent(s)  Other: \_\_\_\_\_

Name(s) \_\_\_\_\_

\_\_\_\_\_  
Other primary care givers (if applicable):

\_\_\_\_\_  
Name Role

\_\_\_\_\_  
Name Role

**School Information:**

Applicant's Current School \_\_\_\_\_

Current type of classroom/educational setting \_\_\_\_\_

Is the student currently receiving accommodation/modification in any of the following?

Please specify which if any:

English \_\_\_\_\_ Math \_\_\_\_\_

Science \_\_\_\_\_ History \_\_\_\_\_

P.E. \_\_\_\_\_ Other \_\_\_\_\_

**Academic History:**

Has your child ever skipped or repeated a grade? If so, which grade and why?

\_\_\_\_\_

Describe his/her general middle school experiences:

\_\_\_\_\_

\_\_\_\_\_

Describe his/her general elementary school experiences:

\_\_\_\_\_

\_\_\_\_\_

What are your child's strengths? (Academic or non-academic)

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What are your main areas of focus/concern?

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What are his/her main areas of focus/concern regarding high school?

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What are his/her areas of interest? (Academic)

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What are his/her areas of interest? (Non-Academic)

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What, if any, are your child's extracurricular and after-school involvements?

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**Family Information:**

Do any siblings have educational, physical or psychiatric challenges?

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Other important information about the family or home life:

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**Educational/Learning Information & Background:**

Type of Previous Testing/Evaluations:

_____	Date: _____
_____	Date: _____
_____	Date: _____

Please Summarize the Findings:

\_\_\_\_\_  
\_\_\_\_\_

What interventions were recommended?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This intervention was  pivotal  helpful  detrimental  other \_\_\_\_\_  
Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Other/Previously recommended interventions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This intervention was  pivotal  helpful  detrimental  other \_\_\_\_\_  
Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list all professionals your child is seeing or has seen in the last year (please include name, title and contact information):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Other information that may be valuable in assessing your child:

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**Medical/Psychological Information & Background:**

Does your child have any known psychological issues?

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Please describe what, if any, affect this may have on your child's academics:

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Has your child any physical, medical or other conditions of which we should be aware?  
Please specify.

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Other Medical History:

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Family Medical History:

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***If there is any additional information you would like to share please feel free to include it on a separate sheet.***



***The information in this application is complete and accurate to the best of my knowledge. I understand that withholding information may be grounds for being asked to leave the OJA program.***

Parent/Guardian Name (printed) \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Skills Survey Overview

**4 = Excellent      0 = Does not have skill      N/A = Not Applicable or Unknown**

### Language Arts & History

• Listening for comprehension	4	3	2	1	0	N/A
• Reading comprehension	4	3	2	1	0	N/A
• Oral reading	4	3	2	1	0	N/A
• Oral expression	4	3	2	1	0	N/A
• Language mechanics	4	3	2	1	0	N/A
• Spelling	4	3	2	1	0	N/A
• Vocabulary	4	3	2	1	0	N/A
• Penmanship	4	3	2	1	0	N/A
• Technical writing	4	3	2	1	0	N/A
• Creative writing	4	3	2	1	0	N/A

### Math

• Computation skills	4	3	2	1	0	N/A
• Problem solving strategies	4	3	2	1	0	N/A

### Foreign Language(s) (please specify)

• Reading comprehension	4	3	2	1	0	N/A
• Conversation	4	3	2	1	0	N/A
• Written expression	4	3	2	1	0	N/A

### Science

• Use of scientific method	4	3	2	1	0	N/A
• Understanding of science	4	3	2	1	0	N/A
• Scientific investigation	4	3	2	1	0	N/A

### Study Skills

• Note taking	4	3	2	1	0	N/A
• Studying	4	3	2	1	0	N/A
• Organization of school material	4	3	2	1	0	N/A
• Organized room and home	4	3	2	1	0	N/A
• Time Management	4	3	2	1	0	N/A
• Planning	4	3	2	1	0	N/A
• Using a daily/weekly planner	4	3	2	1	0	N/A
• Turning in work on time	4	3	2	1	0	N/A

### Physical Education

• Health	4	3	2	1	0	N/A
• Physical activity	4	3	2	1	0	N/A
• Sportsmanship	4	3	2	1	0	N/A

**Technology**

• Uses diversity of applications	4	3	2	1	0	N/A
• Uses for school	4	3	2	1	0	N/A
• Typing Skills	4	3	2	1	0	N/A

**Arts**

• Music	4	3	2	1	0	N/A
• Instrumentals	4	3	2	1	0	N/A
• Visual arts	4	3	2	1	0	N/A
• Performing arts	4	3	2	1	0	N/A

**Life Skills**

• On time for appointments	4	3	2	1	0	N/A
• Remembers to bring things needed	4	3	2	1	0	N/A
• Self starting	4	3	2	1	0	N/A
• Stress management	4	3	2	1	0	N/A
• Sleep	4	3	2	1	0	N/A
• Hygiene	4	3	2	1	0	N/A
• Helping around house	4	3	2	1	0	N/A
• Seeing what's needed and initiating	4	3	2	1	0	N/A

**Other**

• _____	4	3	2	1	0	N/A
• _____	4	3	2	1	0	N/A
• _____	4	3	2	1	0	N/A