

PROJECT CONNECTIONS APPLICATION
**REQUEST FOR INFORMATION FROM
CHILD STUDY TEAM OR LICENSED/ CERTIFIED PRIVATE EVALUATOR**

The student named on the attached SCHOOL EVALUATION FORM is applying to Project Connections, the support service for students with learning disabilities at Middlesex County College. Students applying to Project Connections must submit appropriate documentation to verify eligibility. **Since accommodations and services at the college level are based on the current impact of the student's disability, documentation must be comprehensive and current.**

The following information is required, therefore, as part of the application:

Two copies of

1. The School Evaluation Form completed by the Learning Disabilities Teacher-Consultant (if applicant is still in high school).
2. An Educational Evaluation, signed and on letterhead, which has:
 - Three-year recency
 - Background Information/ Observations
 - Cluster and Individual Test Scores from the Woodcock-Johnson Psychoeducational Battery-III (WJ-III) Tests of Achievement, using **Standard Scores** and **Percentiles** based on age norms for Broad Reading, Broad Written Language, and Broad Mathematics
 - Discussion of Results
3. A Psychological Evaluation, signed and on letterhead, which has:
 - Three-year recency
 - Background Information/ Observations
 - Full Scale and Subtest Scores from the Wechsler Adult Intelligence Scale-IV (WAIS-IV)
 - Discussion of Results regarding aptitude and information processing
4. IEP or Summary of Performance indicating identification of and evidence for a **learning disability** and a description of any accommodations and/ or auxiliary aids that have been recommended.

Mail the packet of information to:
Middlesex County College
Attn: Project Connections
2600 Woodbridge Avenue, P.O. Box 3050
Edison, NJ 08818-3050

Call us at (732) 906-2507 if you have any questions.
Thank you for your input.

SUCCESS STARTS HERE

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SCHOOL EVALUATION FORM

STUDENT: Fill in your name and address below and give this form to the Learning Disabilities Teacher Consultant on your Child Study Team if you are still in high school.

Student's Name _____

LEARNING CONSULTANT: We ask that you complete both sides of this form for the student named above and submit it to:
Middlesex County College, Attn: Project Connections, 2600 Woodbridge Avenue,
P.O. Box 3050, Edison, N.J., 08818-3050.

Learning Consultant's Name _____
School _____
Address _____
Phone _____

Please provide the following information on the student named above:

1. **CST classification** _____

2. **WAIS-IV** Date _____ Full Scale _____ VCI _____ PRI _____
Working Memory _____ Processing Speed _____

3. **WJ-III** Date _____ **Standard Score** **Percentile**
(Based on Age Norms)

Broad Reading	_____	_____
Letter-Word Identification	_____	_____
Reading Fluency	_____	_____
Passage Comprehension	_____	_____
Broad Written Language	_____	_____
Spelling	_____	_____
Writing Fluency	_____	_____
Writing Samples	_____	_____
Broad Mathematics	_____	_____
Calculation	_____	_____
Math Fluency	_____	_____
Applied Problems	_____	_____

4. **GRADUATION ASSESSMENT REQUIREMENT**
(Indicate Diagnostic Test)

	Passed	Exempt
_____ Language Arts	_____	_____
_____ Math	_____	_____

5. **Student's placement in grades 10, 11, and 12 (Please check).** **10** **11** **12**

General education with monitoring and accommodations.	_____	_____	_____
General education with in-class support for one or more subjects.	_____	_____	_____
List classes: _____			
Out of Class replacement for one or more subjects.	_____	_____	_____
List classes: _____			
Self-contained or out-of-district placement.	_____	_____	_____

6. Has the student ever participated in a study skill class or had tutorial support? _____ YES _____ NO

7. Has the student ever participated in a formal reading program? _____ YES _____ NO
If so; which one and for how long? _____

8. Please check how you would rate the student (informally) in EACH of the following categories:

