

Educational Therapy, Counseling, and Support Services



Please complete the following information before giving it to your child's educational therapist, counselor, or other service provider and have them send directly to Park Century School, Attn: Alexandra Pesko, Admissions Associate. 3939 Landmark St, Culver City, CA 90232 or email to apesko@parkcenturyschool.org.

Name of Applicant _____

Name of Professional completing form _____

Phone Number _____ Email Address _____

Professional's Signature _____

Please select the area in which you work with the student

- ☐ Occupational ☐ Therapy ☐ Speech and Language ☐ Academics ☐ Counseling

The above named student is an applicant to Park Century School, a school for students with language-based learning differences. So that we may better understand the applicant's learning style, we would appreciate your response to the questions below. Please return the form at your earliest convenience to Park Century School/Admissions.

How long have you worked with this student? _____

What skills are you working on with this student?

How does this student react to constructive suggestions?

What techniques do you find particularly helpful in working with this student?

How do you imagine this student would benefit from small classes and a structured environment?

What are the first three words / phrases that come to mind when thinking about this student?

How does the applicant respond to social, emotional, or academic challenges?

Please provide any additional information about the applicant that would be pertinent to admissions.
