Applying to the Learning Disability Program

The Learning Disabilities Program (LDP) at Westminster College is committed to giving every student in the program the highest level of service possible. In order to do so, we evaluate each applicant carefully, as we believe it would be wrong to admit students to the program for whom we cannot provide adequate services. At the same time, we are committed to student success and retention, which depend on making sure that each student we admit to the LDP is a good match for the College. With these objectives in mind, we have outlined below the process for applying to the LDP.

Step #1 – Application to Westminster College

Students must apply and be accepted to Westminster College before applying to the Learning Disabilities Program. However, acceptance to the College does not guarantee acceptance into the program. Although acceptances to the college and to the Learning Disabilities Program are separate in nature, students may submit all relevant materials at one time to reduce the process time.

Step #2 – Submission of Secondary Application Materials

Students applying to the Learning Disabilities Program must submit the following materials in addition to the standard Westminster College application to the Admissions Office:
- Current adult level documentation (WAIS III or IV and an academic achievement test like the Woodcock Johnson or WAIS) that identifies the learning disability and lists recommendations for accommodations with justifications. (i.e., the elements of a professionally written evaluation) These reports should include raw data along with, confidence intervals and an appropriate discussion by the licensed professional. Current documentation implies within the last three years.
- Four teacher recommendations.
- LDP Supplemental Information Sheet.
- Any additional disability documentation relevant to assisting the student. These could include a student’s Individual Education Plan (IEP), a Summary of Performance (SOP), or Response-to-Intervention (RTI) report.

No application for the program will progress to step two until step one is completed and all requested materials are submitted.

Step #3 – Staff Review of Documentation

During the third step of the application process, professional staff members associated with the Learning Disabilities Program will review the secondary application materials to determine whether the student meets our standards for the program and whether the staff of the program can support the student given his/her individual needs. These minimum standards are established based on historical evidence of student success in the Westminster College curriculum by students enrolled in the LDP, and thus are set to assist in matching student aptitude and abilities with the curriculum expectations of the college. These standards include:
- A minimum FSIQ of 95 on the WAIS III or IV.
- A minimum high school grade point average of 2.50.
- Four credits of high school English.
- Four credits of high school math.
- Three credits of high school science.
- Some experience with a foreign language (three or more years preferred).

Please note that review time of files may take up to two weeks. Applicant will be notified under separate cover of the staff’s decision.

Step #4 – On Campus Interview

Students who meet the Program’s minimum standards and who the staff feel can be served by the program will be invited to an on-campus interview. The interview process will give each of the professional staff members involved in the program a chance to meet individually with the student, and will provide the student with the opportunity to interact with the staff members. The interview process will cover:
- Assessing the student’s understanding of his/her needs and the program’s capability of meeting those needs.
- Assessment of background knowledge for college courses and likelihood of success (knowledge base and processing in the areas of math, science, social studies).
- Assessment of the student’s reading background.
- Writing sample to assess the student’s approach and preparedness for the writing demands of Westminster’s curriculum.

Step #5 – Acceptance to the Program

After the on-campus interview, professional staff members will meet to discuss the interview and determine whether or not an invitation to the Learning Disabilities Program will be extended to the applicant. Students will be notified via letter from the Director of the Learning Opportunities Center of the staff’s decision. If a student is not accepted into the LDP, he or she may still attend Westminster College, and the LOC will provide those services required by our ADA policies (reasonable accommodation). But it is important for students and their parents to understand that while we might want to accept their students and believe they have the potential for success at Westminster, we will not accept them if, given our current staffing and resources, we cannot provide the level of service the students’ disabilities require.

*Please note that if a student is accepted into the Learning Disabilities Program, a separate fee will be charged in addition to any tuition that is required.*
Supplemental Information Sheet • Learning Disabilities Program

NAME: ____________________________________________________________

SECTION A – To be completed by the student:

PART I: LEARNING DISABILITIES AND SERVICES RECEIVED

1. Identify your learning disabilities. ____________________________________________

2. Describe how your learning disability impacts you as a student. __________________________

3. Describe all the support you receive from anyone at school (teachers, counselors, tutors, peers). __________________________

4. Describe how your parents support you academically. __________________________

5. Describe any other assistance you have not already mentioned. __________________________

PART II: ACADEMICS

1. In what subjects are you particularly strong? Why? __________________________

2. Please explain all D’s and F’s recorded on your transcript. If there are none, skip to the next section __________________________

PART III: PERSONAL INFORMATION

1. What do you think your parents expect of you regarding:
   a) Your academic achievement – __________________________

   b) Your social life on campus – __________________________

Remove the Center Section (Teacher Recommendations) and Continue Filling out the Application on Page 3.
2. What are your expectations regarding Academic Achievement and Social Life on campus? Are they the same or different from your parents’ expectations?

3. What do you think it means to “live independently” while at college?

4. What plans have you made to ensure this independent living will happen?

PART IV: MEDICAL HISTORY

Do you now have, or have you ever had, any physical disabilities?  □ Yes  □ No

If yes, please explain:

Do you have a family Doctor?  □ Yes  □ No

Name of your family doctor: ___________________________________  Telephone: ____________________________

Have you received the services of a psychiatrist or psychologist within the past five years?  □ Yes  □ No

If yes, please explain: _____________________________________________

Are you currently taking any medications?  □ Yes  □ No  If yes, please complete the information below:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Date Began to Take</th>
<th>Expected Ending Date</th>
<th>Reason for Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe your plan for self-administering medications while at college: _____________________________________________

Describe your plan for monitoring the use of your medications within the changing environment of eating, sleeping and socializing:

Do you have specific problems related to (please check all that apply):

□ Visual Defects  □ Speech Defects  □ Hearing Defects

□ Seizures  □ Heart Trouble  □ Emotional Problems
Please list the name, address and dates that you have been seen by any specialist such as neurologists, surgeons, allergists, psychologists, psychiatrists, speech/occupational/physical therapists, social workers, counselors, eye/ear specialists, etc. (Please attach a separate sheet if necessary.)

Please share any other information which you feel may be important. (Please attach an additional sheet if necessary.)

PART V: SIGNATURE

I hereby apply for admission to Westminster College and the Learning Disabilities Program and certify, that to the best of my knowledge, the information provided here is complete and accurate. If someone else completed portions of this application, please enter their name and relationship to you below:

Name: ________________________________ Relationship: ________________________________

Your signature: ___________________________ Date: ________________________________

Westminster does not discriminate in admission opportunities and practices on the basis of race, color, religion, gender, sexual preference, national origin, age or any other characteristic protected by law.

SECTION B – To be completed by parent or guardian:

PART VI: FAMILY INFORMATION

1. What are your expectations for your son/daughter’s academic and social life on campus?

2. What consequences are you prepared to provide if your child does not meet these expectations?

3. What are your expectations concerning communication with the Professional Academic Staff in the Learning Disabilities Program regarding academics and student behavior.

4. What specific concerns do you have about your son/daughter attending college?
LDP TEACHER RECOMMENDATION

WESTMINSTER COLLEGE

Teacher Recommendation
Learning Disabilities Program

TO THE APPLICANT:

Please complete the brief section below before giving this form to your teacher. Be sure to allow ample time for the individual writing on your behalf to respond before deadline dates. Applicants are responsible for ensuring the arrival of all materials necessary to complete their application including transcripts and recommendations. You must submit four (4) separate Teacher Recommendations in order for your application to be processed.

Please type or print in black ink.

Name of Applicant: ________________________________________________________________

Last First Middle

Current Address: ________________________________________________________________

Telephone Number Street Apt. #

City State/Province Zip Code County (if Missouri) Country

TO THE TEACHER:

The student for whom this form is being filled out is applying for admission to the Learning Disabilities Program at Westminster College. It is a demanding program, requiring highly motivated, capable students. Test scores, grades and interview performance will indicate a student’s potential to a large degree. However, your assessments are extremely important as well in our evaluation of the applicant. We appreciate your time and encourage your comments. Thank you.

Please type or print in black ink.

Teacher’s Name: ________________________________ Subject: __________________________ Date: ____________

Part 1

1. Does the student accept responsibility? ☐ ☐ ☐
2. Does the student complete responsibilities on time? ☐ ☐ ☐
3. Does the student give up quickly or demonstrate frustrations when difficulties are encountered? ☐ ☐ ☐
4. Does the student have difficulty concentrating even with short assignments? ☐ ☐ ☐
5. Does the student appear to be excessively dependent on parent or teacher assistance? ☐ ☐ ☐
6. Does the student grasp abstract concepts adequately? ☐ ☐ ☐
7. Does the student seem capable of recalling information for exams? ☐ ☐ ☐
8. Does the student easily recognize the main idea of a reading section? ☐ ☐ ☐
9. Does the student contribute relevant information to the class as well as ask pertinent questions? ☐ ☐ ☐
10. Can the student express himself/herself adequately in writing? ☐ ☐ ☐
11. Does the student seek out assistance when needed? ☐ ☐ ☐
Part 2
What do you regard as the main difficulties this student may encounter in a college curriculum?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Part 3
Please comment on the student’s chances for success in a liberal arts and sciences college.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Part 4
Please rate the applicant in regard to the following:

<table>
<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analytical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity and Judgement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Please call me, I have additional comments.    Phone Number: _________________________________________________

Signature:__________________________________________________________ Date: ____________________________

This is a confidential recommendation. Please mail completed recommendation to:

Westminster College
Office of Enrollment Services
501 Westminster Avenue
Fulton, Missouri 65251

(573) 592-5251 • (800) 475-3361
(573) 592-5255 fax