



## ACCESS Academy Alternative Program Application Checklist for 2016-17

- ACCESS Academy Alternative Program Application**
- Two Letters of Recommendation: 1 from a Teacher and 1 from a Principal or Counselor**

Two letters of Recommendation are required. Additional recommendations are optional. Letters of Recommendation should be sealed and attached to your application.

- Testing Information**

Please remember to attach your child's test scores when submitting your application.

*Please do not include videos, photos, certificates or other materials not included on the above list.*

**For general information, please visit our website at:**

[www.pps.k12.or.us/schools/access](http://www.pps.k12.or.us/schools/access)

ACCESS Academy is an alternative program for highly gifted 1<sup>st</sup>-8<sup>th</sup> grade students and is now accepting new students at all grade levels for the 2016-17 school year. Students do not go through a lottery to participate in this application process. ACCESS Academy is designed for students who demonstrate both exceptional performance as measured on standardized tests and a need for an alternative educational setting. Exceptional performance is defined as scoring in the 99th percentile or above on nationally-normed tests in one or more of these categories: cognitive ability, academic math (broad/composite), or academic reading (broad/composite). Please note that test scores at or above the 99<sup>th</sup> percentile are a minimum, but are not the sole criterion, for admission to ACCESS. A student's demonstrated need for an alternative program – including social-emotional factors and achievement in his/her current school setting -- will be considered by our Admissions committee. A brochure describing the ACCESS Academy Alternative Program can be found at:

[www.pps.k12.or.us/schools/access](http://www.pps.k12.or.us/schools/access).

**\*\*Applications must be received on or before 3:30 PM on April 15, 2016\*\* (if relying on prior year's TAG scores or private testing), or May 13, 2016 (only if relying on PPS TAG testing in 2015-16).**

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# ACCESS Academy Alternative Program Application 2016-17

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Portland Public Schools  
ACCESS Academy Alternative Program @ Rose City Park  
2334 NE 57<sup>th</sup> Avenue  
Portland, OR 97213  
(503) 916-6482  
[www.pps.k12.or.us/schools/access](http://www.pps.k12.or.us/schools/access)

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(Please print or type application)

Today's Date \_\_\_\_\_

Student Name: \_\_\_\_\_  
last first middle

Home Address: \_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
city state zip telephone number

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Circle One:  Male  Female

Name of Parent/Guardian(s): \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_ Email: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_  
\_\_\_\_\_ city state zip

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
home phone work phone cell phone

Neighborhood School & School District: \_\_\_\_\_

Present School & District (if different from neighborhood school): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Do you have a sibling(s) currently at ACCESS? \_\_\_\_\_

Entering Which Grade in Fall 2016? (circle one):  1  2  3  4  5  6  7  8

My child is currently receiving services for:  ESL  Special Education  504 Plan or Other accommodations

**\*\*Please attach any paperwork regarding these services\*\* (e.g., current IEP, 504 Plan)**

**ACCESS welcomes applications from highly-gifted students who receive Special Education services, who have accommodations for a disability, and/or who are Emerging Bilinguals receiving ESL services.**

**ACCESS Academy strives to admit and retain students who represent the geographic, racial, cultural, and linguistic diversity of Portland Public Schools' highly gifted population. We welcome and encourage applications from families of color, families eligible for free/reduced-price meals, families who speak languages other than English at home, and families whose students are "twice-exceptional" (i.e., highly gifted and eligible for Special Education services or a Section 504 Plan of Accommodation).**

***Answering the following questions is voluntary. Your answers will help our Admissions Committee ensure our new students are broadly representative of Portland Public Schools' highly gifted population.***

1. **Is your child of Hispanic or Latino origin?**  Yes  No

2. **What race(s)/ethnicity(-ies) do you consider your child? Mark one or more that apply:**

Asian  Black  Native American/Alaska Native

Native Hawaiian/Other Pacific Islander  White

3. **What language(s) does your student speak at home?** \_\_\_\_\_.

Does your student have prior experience reading, speaking, or writing these languages?:

Spanish. Explain \_\_\_\_\_.

Mandarin Chinese. Explain \_\_\_\_\_.

Other language(s). Explain \_\_\_\_\_.

4. **Does your student currently qualify for free/reduced-price meals?**  Yes  No

*I give permission to share my child's name and free or reduced-price meal eligibility status with ACCESS Academy administrators for the purpose of increasing the diversity of the program. Free or reduced-price meal eligibility may be used as a "weighing" factor in the application for admission to ACCESS Academy.*

Student First Name \_\_\_\_\_ (please print)

Student Last Name \_\_\_\_\_ (please print)

Parent/Guardian Name \_\_\_\_\_ (please print)

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

5. **What else would you like ACCESS's Admissions Committee to know about your student's family or cultural background** that will help us understand where your student is coming from, and that will help us build a program that is broadly representative of PPS's highly gifted population?

6. **Supports for your student at ACCESS.** If your student currently qualifies for Special Education services or has a Section 504 Plan of Accommodation, please attach a current copy to this Application.

a. **[Students w/ IEP or 504 Plan only]** What teacher, staff member, or other helping professional knows your student's current learning and support needs the best? (E.g., Learning Center teacher, Speech-Language Pathologist, school counselor, outside counselor/therapist, etc.)

Name: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

b. Do you grant permission for ACCESS staff to obtain school-relevant information about your student from this staff member/provider for the purpose of determining his/her eligibility for admission to ACCESS – and, if admitted, to assist your student in transitioning from his/her current school setting to ACCESS? If so, please sign below:

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

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# ACCESS Academy Alternative Program Application

## Student Statement

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**Please Print** - Student's Name:

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last

first

middle

Grades 1 through 3, ask your parent/guardian to transcribe your thoughts.

Grades 4 through 8, please respond in your own handwriting.

**\*\* ATTACH ADDITIONAL SHEETS IF NEEDED. MAKE SURE ANY ATTACHMENTS CONTAIN THE STUDENT'S FULL NAME AND NUMBERED QUESTIONS LISTED BELOW.\*\***

**1. Why do you want to attend ACCESS Academy?**

**2. What do you like to do in your spare time?**

**3. If you could change one thing about your current school experience, what would it be?**

**4. What do you do well – in school and out?**

**5. What are some things you need to work on – in school and out?**





## ACCESS Academy Alternative Program Application Teacher Letter of Recommendation

Date \_\_\_\_\_ Student's Name \_\_\_\_\_  
last first middle

We would appreciate your candid evaluation of the above-named student in order to aid us in evaluating his or her candidacy for the ACCESS Alternative Program. If you would prefer to submit a personal letter of recommendation rather than completing this form, please feel free to do so. It has been our experience that the comments of previous teachers/principals prove very helpful in decision-making. Please indicate below whether or not you give permission for this form to be retained as part of the student's record. If you do not give your permission, the form will be destroyed at the conclusion of the application process.

I (\_\_\_do) (\_\_\_do not) give my permission for this form to be retained in the student's file following enrollment.

TEACHER AND/OR PRINCIPAL \_\_\_\_\_  
Print Name and Sign date

**ACCESS Academy Alternative Program** is a rigorous academic program designed for highly gifted students whose educational needs are not being met in the general education setting. The program provides both curriculum acceleration and academic enrichment to create an age appropriate and challenging education.

1. In your opinion, how would this student respond to this type of learning environment?

2. What are the student's strengths?

3. What are the student's challenges?

4. Please describe anything unusual or exceptional about this student that you feel deserves special consideration by the admissions committee:

5. Please share any additional information you think would be helpful in evaluating this candidate for admission:

Please evaluate the applicant below:

|   | 1= Never | 2=Seldom | 3=Occasionally | 4=Frequently | 5=Almost Always | 6=Always |
|---|----------|----------|----------------|--------------|-----------------|----------|
| A. <b>Learning:</b> Retains and learns information easily; uses complex language/large vocabulary; shows strong memory, quick recall; carries out complex instructions with ease  | 1        | 2        | 3              | 4            | 5               | 6        |
| B. <b>Skills:</b> Reads/comprehends on an advanced level; shows high level of thinking; expresses ideas well; elaborates or questions   | 1        | 2        | 3              | 4            | 5               | 6        |
| C. <b>Skills:</b> Uses advanced computations and/or complex math systems; exhibits quick mastery of mathematical/computational skills   | 1        | 2        | 3              | 4            | 5               | 6        |
| D. <b>Interests:</b> Demonstrates unusual or advanced interests; is considered an “expert” on certain topics; displays unusual academic or artistic creativity.   | 1        | 2        | 3              | 4            | 5               | 6        |
| E. <b>Reasoning/Problem Solving:</b> Recognizes patterns and connections; is a keen observer; makes mental connections; devises strategies to solve problems; has “out-of-the-box” ways to solve problems; is a non-conformist. | 1        | 2        | 3              | 4            | 5               | 6        |
| F. <b>Motivation/Leadership:</b> Is a self- or independent starter; is an independent worker; does not follow the typical path; self-confident; well-liked; demonstrates leadership   | 1        | 2        | 3              | 4            | 5               | 6        |
| G. <b>Emotional Awareness:</b> Recognizes one’s emotions and their effects on self and others   | 1        | 2        | 3              | 4            | 5               | 6        |
| H. <b>Emotional Self-Control:</b> Keeps disruptive emotions and impulses in check   | 1        | 2        | 3              | 4            | 5               | 6        |
| I. <b>Social Awareness:</b> Senses others’ feelings and perspectives; takes an active interest in others’ concerns  | 1        | 2        | 3              | 4            | 5               | 6        |
| J. <b>Self-Management:</b> Gives and receives feedback and constructive criticism in a positive manner; demonstrates ability to resolve problems through communication  | 1        | 2        | 3              | 4            | 5               | 6        |

I support this applicant for admission to ACCESS:

Enthusiastically  Strongly  No opinion  Not recommended

Comments:

How long have you taught/supervised the student? Number of years: 1  2  3  4  5  6+

In what subject(s)? \_\_\_\_\_

School name, address, phone number, fax number, and your email address:

\_\_\_\_\_



**\*\*Please seal this letter in an envelope and return to parent/guardian\*\***

[www.pps.k12.or.us/schools/access](http://www.pps.k12.or.us/schools/access)





4. Please describe anything unusual or exceptional about this student that you feel deserves special consideration by the admissions committee:

5. Please share any additional information you think would be helpful in evaluating this candidate for admission:

I support this applicant for admission to ACCESS:

- Enthusiastically
- Strongly
- No opinion
- Not recommended

Comments:

How long have you taught/supervised the student? Number of years: 1  2  3  4  5  6+

In what subject(s)? \_\_\_\_\_

School name, address, phone number, fax number, and your email address:

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