

MULLER ACADEMIC SERVICES PROGRAM

The Muller Academic Services Program was created to:

- Assist students **with documented educational needs** to thrive in a college preparatory curriculum
- Assist students in developing good study skills and habits
- Provide small group assistance on assignments and tests
- Provide an educational environment that allows students to explore their learning styles
- Foster the students' ability to become strong self advocates for their learning choices

Only students with documented educational needs are eligible for the program.

Students attend a daily 45-minute study skills class in the Muller Center as part of their curriculum.

They work in small groups of no more than seven with a resource teacher as their primary instructor.

There are 30 spaces for freshmen in the program; places for upperclass students are based on availability.

An additional \$2,500 in tuition is charged to cover instructional costs.

Questions may be directed to Mrs. Newbold in the Muller Center at 703-237-1423 or mnewbold@bishopoconnell.org.

A student interested in being considered for the Muller Program must submit this Supplemental Application with his/her Application for Admission. If your child does not have a documented educational need, do not complete this form.

Student Last Name _____ First Name _____

Date of Birth ____/____/____
Month Day Year

Gender Male Female

Current School _____

Student currently has:

Individualized Education Plan (IEP)

Student Assistance Plan

504 Plan

Other _____

Date plan was last updated

____/____/____
Month Day Year

A copy of the student's documentation should be included with this form when it is submitted to the Office of Admissions. File review cannot occur until the documentation is received.

Has the student been privately tested? Yes* No

*If Yes, Test Date ____/____/____
Month Day Year

Name of Diagnostician _____ Title _____

If there is any professional we should contact to help better understand your child's academic needs, please provide the following:

Name _____

Title _____ Phone Number _____

Please note that submission of an application to the Muller Academic Services Program grants parental/guardian permission for appropriate school personal to be contacted. The parent must request that the student's school provide a copy of all testing and supporting documentation.