



Tennessee
Schools for the Deaf

Dear Parents or Guardians of Prospective Students:

We are delighted that you are interested in enrolling your child at one of our schools. We are very proud of our educational programs at the Tennessee Schools for the Deaf (TSD), both Knoxville and Nashville campuses, and the West Tennessee School for the Deaf (WTSD) in Jackson. We welcome the opportunity to share with you all the great things we offer and to work with you on determining the appropriate educational programming for your child.

Since TSD and WTSD are state schools, there is an application process for admissions. To be enrolled at our schools, students must meet the criteria for admission upon initial acceptance and for continued enrollment. You may view the admission criteria posted on our website by scanning the QR code to the right or typing into your internet browser the following address: https://www.tsdeaf.org/apps/pages/enrollment_admission_eligibility.



It is our goal to enroll eligible students as quickly as possible. However, the application process could take up to eight weeks depending on several factors. During the application process, your local education agency should continue to provide your child a Free Appropriate Public Education (FAPE) or the education plan currently in place for your child.

There is no cost to you for your child to enroll at TSD or WTSD. While there is usually no cost to the local education agency for your child to attend TSD or WTSD, there may be instances where the local education agency would need to provide funding for special services identified by the IEP team.

Any time you have questions about our schools, educational programs, residential program, or the application process, feel free to call the Registrar's Office at (865) 609-3346 or email registrar@tsdeaf.org. You are always welcome to request a tour of our campuses. If necessary, we can accommodate an overnight stay at the Knoxville campus with advanced notice on a case by case basis.

We are looking forward to working with you through this application process.

Sincerely,

J. Jack Johnson
Director of the Comprehensive Educational Resource Center

APPLICATION CHECKLIST

To begin, please complete the application to the best of your knowledge. The following educational records must be received, from your child's local education agency (LEA) or from you, as part of the review for admission:

- Most recent Individualized Education Program (IEP) or Individual Family Service Plan (IFSP)
- A signed Eligibility Report and/or a signed Reevaluation Summary Report and all reports supporting eligibility criteria, including a hearing exam report from an audiologist, within the past three years if your child is 6 years or older, or within the past 12 months if your child is under age 6, and including a recent psychology evaluation (if available)
- Behavior Intervention Plans (if applicable)
- Functional Behavior Assessments (if applicable)
- Extended School Year (ESY) Information (if applicable)
- Transition Plans (if applicable)
- Discipline Records (if applicable)
- School transcripts and grades (if applicable)
- Standardized test scores (if applicable)

You can expedite this process by collecting the information above and sending them, along with this application, via postal mail or via fax to the Registrar's Office using the information below. Alternately, you may send these documents via encrypted email to registrar@tsdeaf.org.

Tennessee Schools for the Deaf Attn: Registrar's Office 2725 Island Home Blvd Knoxville, TN 37920 Fax: (865) 579-2484

Once the necessary documents are received, an admission team (comprised of the following staff representation, as appropriate: school administrator, educator, social worker, behavior specialist or counselor, social worker, nurse, and/or residential staff) will review the document to make their recommendations to the Superintendent. The admission team may require meeting with you and your child and conducting assessments with your child for additional information. A letter of decision will be sent to the parent/guardian and to the LEA.

If your child has been accepted for admission, the following documents must be submitted **before** an enrollment date is scheduled by the respective school and the parent/guardian:

- Registration Form, Health & Medical Forms, Student Responsible Use Policy, and the appropriate Supplemental Forms.
- Physical Summary form to be completed by your child's physician (See Health & Medical Forms).
- A copy of your child's registered birth certificate or other document to verify their birth.
- A copy of your child's custodial documents if there is a legal directive, or guardianship documents if the child is not living with their parents.
- A vision exam report from an optometrist or ophthalmologist, within the past three years if your child is age 6 or older or within the past 12 months if your child is under age 6.
- Evidence of current immunizations and results of a Tuberculosis (TB) test.

Denials of admission are not final and may be revisited at the request of the parent/guardian or LEA one year following the decision to deny or when new evaluation data suggests changes that would warrant review.

APPLICATION



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Applying for: TSD Knoxville TSD Nashville West TSD

GENERAL INFORMATION

Student's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: Male Female

Adopted? Yes No Gender: Male Female Non-Binary

Parent/Guardian 1 – Name: _____ Relationship: _____

Preferred Daytime Phone Number: _____ Home Cell Work

Email Address: _____

Parent/Guardian 2 – Name: _____ Relationship: _____

Preferred Daytime Phone Number: _____ Home Cell Work

Email Address: _____

Who has custody? Both Parent/Guardian 1 Parent/Guardian 2 Other _____

Student resides with: Both Parent/Guardian 1 Parent/Guardian 2 Other _____

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

SCHOOL INFORMATION

Base School: _____ District : _____ County: _____

Contact Person: _____ Email/Phone: _____

Previous Schools Attended: _____ City _____ Grade(s): _____

Previous Schools Attended: _____ City _____ Grade(s): _____

How did you learn about the Tennessee Schools for the Deaf or the West Tennessee School for the Deaf?

Reason applying for admission to the Tennessee Schools for the Deaf or the West Tennessee School for the Deaf:

Do you expect your child to be a: residential student OR day student.

FAMILY COMMUNICATION

Are the members of the student's birth family deaf or hard of hearing? Yes No Unknown

If yes, which members: Mother Father Sibling(s) Others: _____

Primary Language at Home: Spoken English ASL Spanish Other _____

What kind of communication method does your child use at home?

- American Sign Language (ASL)
- Other sign system (i.e. Signed English) _____
- Simultaneous communication (talking and signing at the same time)
- Spoken English
- Gesturing or "family signs"
- Other spoken language (i.e. Spanish) _____
- Other sign language (i.e. Spanish) _____

How long has your child consistently use this communication method at home? _____

Rate your child's communication proficiency: None Limited Moderate Very Well

Did your child receive Early Intervention services? Yes No

If yes, please explain: _____

HEARING INFORMATION

Cause of Deafness/Hearing Impairment: _____ Age of onset: _____

Age that deafness/hearing impairment was confirmed by an audiologist or a physician: _____

Does your child use a hearing aid? Yes No Age fitted with hearing aid (if applicable): _____

If yes, how often does your child wear their hearing aid(s)?

- Daily Occasionally Mostly at home Rarely Never N/A

How often does your child wear his/her cochlear implant?

- Daily Occasionally Mostly at home Rarely Never N/A

How much benefit from the hearing aid and/or cochlear implant does your child receive?

- Able to understand spoken language.
- Able to understand some spoken language but still needs sign support.
- Not able to understand spoken language but uses for awareness of speech/environmental sounds/music.
- Does not benefit.
- Does not apply.

Does your child know how to put on their hearing aid/cochlear processor? Yes No N/A

Can your child tell when their hearing aid or cochlear processor is not functional? Yes No N/A

Does your child know how to change the batteries their hearing aid/cochlear processor? Yes No N/A

Does your child adjust volume of their hearing aid/cochlear processor appropriately? Yes No N/A

Does your child have their own FM system for their hearing aid/cochlear processor? Yes No N/A

HEALTH INFORMATION

1. Were there any complications during pregnancy or at birth? Yes No
If yes, please explain: _____
2. Was your child premature? Yes No
Please list birth weight: _____
3. Were developmental milestones on target? (i.e., sitting alone, walking, feeding self) Yes No
If no, please explain: _____
4. What is your child's overall general health? Good Average Poor
5. Does your child have allergies (food, medication, bee stings, etc)? Yes No
If yes, please explain: _____
6. Does your child have choking tendencies when eating? Yes No
7. Are there any past or current health concerns or surgeries? Yes No
If yes, please explain: _____
8. Does your child take prescription medication? Yes No
If yes, please explain: _____
9. Does your child have any physical conditions? Yes No
If yes, please explain: _____
10. Does your child have any vision problems (including use of contacts or glasses)? Yes No
If yes, please explain: _____
11. Has your child had any serious illness, accidents, head injuries, high fever, etc. ? Yes No
If yes, please explain: _____

BEHAVIOR INFORMATION

12. Does your child get along with his/her siblings? Yes No N/A
13. Does your child enjoy school? Yes No
14. Has your child ever been away from home for a period of time? Yes No
If yes, please explain: _____
15. Has your child ever received any physical or occupational therapy? Yes No
If yes, please explain: _____
16. Does your child have any learning challenges? Yes No
If yes, please explain: _____

17. What does your child enjoy doing in his/her free time? _____

18. What type of discipline works best with your child? _____

19. Name two of your child's personality strengths: _____ and _____

20. Name two of your child's personality weaknesses: _____ and _____

21. Has there been any serious recent traumatic experience that has affected the behavior of your child?

(i.e., death, divorce, abuse) Yes No

If yes, please explain: _____

22. Has your child received counseling or mental health services? Yes No

If yes, please explain: _____

23. Has your child ever been suspended or expelled from school? Yes No

If yes, please explain: _____

24. Has your child been referred to the Department of Juvenile Justice? Yes No

If yes, please explain: _____

Behavioral Checklist: Please check all that apply to your child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Has a good attitude | <input type="checkbox"/> Overweight/underweight | <input type="checkbox"/> Appears to be depressed |
| <input type="checkbox"/> Regulates emotions well | <input type="checkbox"/> Is a picky eater | <input type="checkbox"/> Has many mood changes |
| <input type="checkbox"/> Makes appropriate eye contact | <input type="checkbox"/> Does not sleep well | <input type="checkbox"/> Has temper tantrums often |
| <input type="checkbox"/> Follows directions well | <input type="checkbox"/> Walks while sleeping | <input type="checkbox"/> Runs away often |
| <input type="checkbox"/> Uses time well | <input type="checkbox"/> Has nightmares | <input type="checkbox"/> Breaks own or others' things |
| <input type="checkbox"/> Works hard | <input type="checkbox"/> Wets the bed | <input type="checkbox"/> Destroys environment |
| <input type="checkbox"/> Plays appropriately with others | <input type="checkbox"/> Sleeps with a night light | <input type="checkbox"/> Hurts self |
| <input type="checkbox"/> Sits appropriately for age | <input type="checkbox"/> Has strong fears | <input type="checkbox"/> Hurts others or animals |
| <input type="checkbox"/> Has age appropriate interests | <input type="checkbox"/> Is overly dependent for age | <input type="checkbox"/> Uses profanity |
| <input type="checkbox"/> Interacts with friends appropriately | <input type="checkbox"/> Has toileting accidents | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Respectful of others' space | <input type="checkbox"/> Extremely shy or clingy | <input type="checkbox"/> Engages in sexual activities |

Explain and/or lists other behaviors that concern you:

STATEMENT OF UNDERSTANDING

The undersigned parent/guardian/adult student understands that the IEP referral and the submission of this completed application do not guarantee admissions into the Tennessee Schools for the Deaf or the West Tennessee School for the Deaf. This application and the requested supporting documents will be reviewed by an admissions team to determine if additional information is needed via assessment and/or interview with the student and family. The Superintendent may admit students who meet eligibility criteria provided the school has a program designated to meet the child's needs and has space.

Signature: _____ Date: _____

Print Name: _____ Relation to Student: _____

NON-DISCRIMINATION STATEMENT

The Tennessee Schools for the Deaf and the West Tennessee School for the Deaf are equal opportunity education institutions and do not discriminate on the basis of race, color, national origin, religion, gender, gender identity or expression, sexual orientation, genetic information, disability, or age in their admissions procedures, educational and residential programs, services, and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Mr. Jack Johnson, Director
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Tennessee Schools for the Deaf
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Knoxville, Tennessee 37920
(865) 978-6021
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