

**ATLANTA AREA ASSOCIATION**

*of*  
**INDEPENDENT**  
**SCHOOLS**

**JATP**

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*Joint*  
*Admissions*  
*Testing Program*  
*www.jatp.org*

*Grades K-5*

*for*

*2012-13*

*School Year*

**THE PROGRAM**

The Atlanta Area Association of Independent Schools (AAAIS), in cooperation with the psychologists listed in this brochure, has established a ***Joint Admissions Testing Program*** (JATP) for students applying for kindergarten through grade five. An evaluation of the student by one of these psychologists will meet the testing requirements of these participating schools:

The Galloway School  
The Heiskell School  
Heritage Preparatory School  
The Lovett School  
Mount Vernon Presbyterian School  
Pace Academy  
Saint Francis School  
St. Martin's Episcopal School  
Trinity School  
Wesleyan School  
The Westminster Schools  
Whitefield Academy

These twelve schools have agreed to participate in the JATP program for Grades K-5, which includes testing, notification of admission status, and candidate reply date. **Testing results are the property of the JATP and copies shall not be provided to anyone other than JATP member schools.**

***Notification of Admissions Status and Candidate Reply Date:***

Schools that participate in the AAAIS common notification and reply date policy have agreed that admission decisions for all grades will be mailed to parents on Friday, April 6, 2012. All participating schools have further agreed that applicants for any grade (Pre-Kindergarten-12) will not be required to indicate acceptance of admission prior to Thursday, April 19, 2012.

***Description of the Tests:***

A nationally standardized measure of cognitive functioning is administered on a one-to-one basis by licensed psychologists qualified in psycho-educational assessment. Depending on age and individual variation, testing time may range from approximately 35 to 90 minutes.

Parents will receive by mail a summary of their child's test score ranges. Detailed results of the evaluation will be sent only to the participating school(s) of your choice. If parents desire more detailed feedback, an appointment may be scheduled with the psychologist for an additional hourly fee to review the test results.

### ***Fee Schedule:***

The fee is \$180 for rising grades K-1 and \$200 for rising grades 2-5. The early application discount fee for Testing Applications received by 12/15/11 is \$160 for grades K-1 and \$180 for grades 2-5.

A check payable to Psychologist's Name/JATP (example: Jane Jones, Ph.D./JATP) must accompany the application.

### ***Registration:***

The procedure outlined must be followed to apply for testing:

1. Obtain an application to the school(s) to which you are applying for admission. No school will consider an evaluation until an Application for Admission to that particular school has been completed. The JATP school will supply you with a JATP Testing Application.
2. When completing the JATP Testing Application, be sure to indicate the school(s) of your choice (schools may be added at any time). Complete, detach, and mail the JATP testing application to the psychologist of your choice. To assure complete processing and the schools' receipt of the test results, your Testing Application should be received by the psychologist as soon as possible.
3. Upon receipt of your JATP application and payment, the psychologist will contact you for an appointment. All appointments for testing are made by the individual psychologist—not by the schools. Testing of applicants begins in October. ***Since your child will be compared only to children within a narrow age range, late testing provides no advantage. Early contact with the JATP psychologist is strongly recommended to ensure an appointment and to expedite prompt receipt of test results by the school(s).*** Results of testing will be transmitted electronically to the school(s) indicated.
4. Friday, February 17, is the deadline for test results to be received by the school(s). Contact individual schools concerning exceptions beyond the above date.

### ***Cancellations:***

Testing appointments that are cancelled ***and not re-scheduled*** will incur a deduction in the refund of the Test Fee as follows:

- \$25 if cancelled at least 7 days in advance, or
- \$50 if cancelled with less than 7 days notice.

There will be no refund if there is a cancellation within 48 hours of the appointment. In the event of illness or family emergency, appointments may be rescheduled

with no additional charge.

### ***Additional Information:***

To ensure test validity, the psychological test may be administered only once per admission season. Applicants to grades four and five may use last year's JATP testing in lieu of retesting this admission season. Upon written request, psychologists will forward last year's testing results for a fee of \$25.00. Fourth and fifth grade applicants have the option of being retested at the full testing fee.

***Psychologists will report to the schools any indication that a child has been coached, tutored, or retested.***

Results are released to JATP schools only.

In addition to the assessment by a psychologist, JATP schools require an interview/observation with the applicant. You will be notified by the respective schools of the date of this interview or observation session.

### ***Important Considerations***

- JATP testing should not be considered a substitute for a comprehensive psychoeducational evaluation. The limited time a psychologist spends with each child does not provide the full battery of tests necessary for the psychologist to draw in-depth conclusions.
- JATP encourages early fall testing because it ensures the availability of a testing time for your child and more flexibility in scheduling. ***There is no advantage to waiting later in the school year (i.e., January or February) for testing because the norms of the standardized tests used in JATP compare children within a narrow age range.*** Please submit your testing cards as promptly as you can. Psychologists begin providing testing appointments in October.
- JATP encourages parents who have questions or concerns about test results to schedule an appointment with the psychologist to review the testing results of their child. No school recommendations may be made, but this appointment will provide more detailed information about the testing. JATP member schools will not review JATP testing with parents during the admission process.

PSYCHOLOGISTS

Instructions: The following is needed by the psychologist to manage your child's evaluation. The information must be complete and legible to facilitate scheduling and mailing of test results to parents. Please make sure your payment is included.

Atlanta Area Association of Independent Schools

Applicant's Name (Underline Name Called) \_\_\_\_\_ Birthdate (M/D/Y) \_\_\_\_\_ Boy/Girl \_\_\_\_\_ Circle \_\_\_\_\_ Applying to Grade \_\_\_\_\_

Parents' Names \_\_\_\_\_ Phone (Daytime) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Parents' Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Current School and Grade \_\_\_\_\_ E-mail \_\_\_\_\_

Check school(s) to which application has been made:
[ ] The Galloway School
[ ] The Heiskell School
[ ] Heritage Preparatory School
[ ] The Lovett School
[ ] Mount Vernon Pres. School
[ ] Pace Academy
[ ] Saint Francis School
[ ] St. Martin's Episcopal School
[ ] Trinity School
[ ] Wesleyan School
[ ] The Westminster Schools
[ ] Whitefield Academy
Fee Schedule
Testing application received by 12/15/11
Rising K-1 \$160
Rising 2-5 \$180
Testing application received after 12/15/11
Rising K-1 \$180
Rising 2-5 \$200

I hereby request that the results of the JATP evaluation be sent to the school(s) checked. I understand that the results are the property of the JATP and copies shall not be provided to anyone other than JATP member schools. I understand that a school must be indicated and that scores must be sent to the indicated school(s). I understand that an application must be made to a JATP school prior to release of results. After I have contacted a psychologist, the psychologist will contact me for an appointment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Is your family a prior client of this psychologist? Yes No

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