embrace

A THERAPEUTIC EDUCATIONAL PROGRAM

Application for Admission

Child's Name: _____ Date of Birth _____

Race/Ethnicity: _____ Age _____ Grade _____

Parent's Name(s), if applicable: _____

Others currently living in the household**:**

Name   Age   Relationship to Child   Grade/Occupation

_____

_____

_____

Address:_____

City _____ State _____ Zip _____

Home Phone:_____ Work Phone (s): _____

Cell Phone (s): _____ Email Address(es):_____

Best person and way to contact you: _____

Emergency Contact Name: _____

Relationship to Client: _____

Phone Number: _____

Permission to pick up?_____

Current School Placement_____

Please list any medications to manage your or your child's emotions or behavior?

Name of Medication   Dates   Reason

_____

_____

_____

Please list name of past therapists/treatment centers/hospitalizations and dates seen below:
Name of therapist   Dates   Reason for Treatment

_____

_____

_____

Please list any family history of substance abuse, developmental disabilities or mental health conditions (include grandparents, aunts, cousins, etc)?

_____

_____

_____

_____

Please describe any family stressors (e.g., financial, divorce, marital, illness)

_____

_____

_____

_____

Describe your or your child's current physical health conditions.

_____

_____

_____

_____

Please describe your educational background.   What schools did he/she attend, beginning with the first school, and during what time frames?

_____

_____

_____

_____

Please describe what difficulties your child is or has experienced at school or areas of need (i.e., specific subjects, classroom environment, behavioral, homework, relationships with teachers/other students, etc.). Please indicate how long these difficulties have been a concern:

_____

_____

_____

_____

Please describe any special education, behaviors plans, accommodations, and/or other interventions your child has received. Please include a most recent IEP if applicable.

_____

_____

_____

_____

Please describe your child's social functioning (i.e., friendships, group activities, social groups, etc.)

_____

_____

_____

_____

Please describe other services your child has in the past or is currently receiving (include types of service and dates).

_____

_____

_____

_____

Please describe your child's strengths and positive qualities here:

_____

_____

_____

Please include any other relevant information you'd like to share:

_____

_____

_____

For Office Use Only

Date Application Rec'd _____Application Fee Rec'd_____

Psychoeducational reports Rec'd_____

Diagnostic Report Rec'd_____

FBA Report Rec'd_____

Deposit Rec'd_____Balance_____

Date of Interview_____ Admission Decision_____

Confirmation Rec'd_____ Date_____

IEP Rec'd_____