



## Student Contact Information

Student Name:		DOB:		Admission Date:	
Legal Guardian:					
Educational Coding from Current IEP:				Academic Grade:	
Discharge Goal:	Home <input type="checkbox"/>	Foster Care <input type="checkbox"/>	Adult Services <input type="checkbox"/>	Other <input type="checkbox"/>	
If Applicable Please Check:	Abuse/Neglect <input type="checkbox"/>	Delinquent <input type="checkbox"/>	CHINS <input type="checkbox"/>		
Court District:			Next Scheduled Hearing Date:		

State Agency Involved:			Contact Person:		
Mailing Address:					
Work Phone:		Fax Number:		Cell Phone:	
Email Address:					
Emergency After Hours Contact Number:					
Spaulding to Send:	All Documents <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	TT Notices <input type="checkbox"/>	None <input type="checkbox"/>

School District and SAU:			Contact Person:		
Mailing Address:					
Work Phone:		Fax Number:		Cell Phone:	
Email Address:					
Spaulding to Send:	All Documents <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	TT Notices <input type="checkbox"/>	None <input type="checkbox"/>

Parent Name:			Relationship:		
Mailing Address:					
Home Phone:		Work Phone:		Cell Phone:	
Email Address:					
Spaulding to Send:	All Documents <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	TT Notices <input type="checkbox"/>	None <input type="checkbox"/>
*Legal Limits Regarding Contact:		Yes <input type="checkbox"/> No <input type="checkbox"/> *Court documentation must be provided			

Parent Name:			Relationship:		
Mailing Address:					
Home Phone:		Work Phone:		Cell Phone:	
Email Address:					
Spaulding to Send:	All Documents <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	TT Notices <input type="checkbox"/>	None <input type="checkbox"/>
*Legal Limits Regarding Contact:		Yes <input type="checkbox"/> No <input type="checkbox"/> *Court documentation must be provided			

Emergency Contact Name:		Relationship:
Mailing Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

FAIR Worker Contact Name:		
Mailing Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

CASA/GAL Worker Name:					
Mailing Address:					
Work Phone:	Fax Number:	Cell Phone:			
Email Address:					
Spaulding to Send:	All Documents <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	TT Notices <input type="checkbox"/>	None <input type="checkbox"/>

Guardian Ad Litem Name:					
Mailing Address:					
Work Phone:	Fax Number:	Cell Phone:			
Email Address:					
Spaulding to Send:	All Documents <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	TT Notices <input type="checkbox"/>	None <input type="checkbox"/>

OTHER:	

No Contact Guidelines:		
Supervised Phone Calls:		Supervised Visits:

<b>The Following Questions Are To Be Filled Out By Spaulding Academy &amp; Family Services Staff Only</b>	
Program:	Residence:
Cottage Counselor:	Academic Teacher:
Clinician:	Family Worker:
Proposed Date for 30 Day Review:	