



<b>Student Name:</b>		<b>DOB:</b>
<b>Educational Coding:</b>	<b>Academic Grade:</b>	<b>History of Restraints:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Medical Diagnoses:</b>		<b>Mental Health Diagnoses:</b>
<b>Medication Allergies:</b>	<b>Environment Allergies:</b>	<b>Food Allergies:</b>
<b>Diet Needs:</b>	<b>Glasses:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Sleep Patterns:</b>
<b>Significant Medical Needs:</b>		<b>Self-Injurious Behavior:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
<b>Seizures:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain and include seizure safety protocol:		
<b>OT:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>PT:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Speech:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Device / System Needed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Activity Restrictions (Inc. restraint):</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		<b>Fire Setting Behaviors:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
<b>Sexualized Behaviors:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		<b>Substance Use:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
<b>Personal care supports needed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
<b>Swallowing concerns:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
<b>Any additional pertinent information or contact restrictions:</b>		
<b>Form completed by:</b> _____		<b>Date:</b> _____

Revised Date \_\_\_\_\_ Please return completed form along with the appropriate documents requested in the checklist that follows to the Spaulding Academy & Family Services Admissions Department. You may email it to the Director of Admissions, Pat Seaward-Salvati at: PSeawardSalvati@SpauldingServices.org or fax it to 603-286-7511 attention: Admissions. If you have further questions, our phone number is 603-286-8901 ext. 202. Thank you.

## Spaulding Academy & Family Services

Thank you for your recent inquiry to Spaulding Academy & Family Services. Please send all existing relevant documents from the list below. Please return this checklist of what you have included. I will contact you when I have reviewed this information.

**STUDENTS NAME:** \_\_\_\_\_

### EDUCATIONAL

YES	N/A	
_____	_____	A current Individual Education Plan and placement information;
_____	_____	All evaluations that support the student's special education eligibility within the last 3-year cycle (academic, social-emotional assessments, psychological evals., related service evals, adaptive behavior, intellectual, communication, motor ability, health evaluation, etc.)
_____	_____	FBA and BIP
_____	_____	School discipline records and school safety violations
_____	_____	School attendance record
_____	_____	School nurses reports/summaries
_____	_____	Hearing and Vision Screening

### CLINICAL

YES	N/A	
_____	_____	Family history/summary/chronological history of agency contacts
_____	_____	Discharge reports
_____	_____	Incident reports/police reports
_____	_____	Reports from child/family support service providers

### MEDICAL-REQUIRED UPON REFERRAL

YES	N/A	
_____	_____	Most recent pediatric visit note AND physical from PCP- *Please indicate if recent flu shot*
_____	_____	Immunization records
_____	_____	Neurological Evaluations if applicable
_____	_____	Current medication list from PCP
_____	_____	Evaluations from all specialists providing medical services
_____	_____	List of diagnoses, allergies, and special diets from PCP

### REQUIRED FOR DCYF REFERRALS

YES	N/A	
_____	_____	Case Plan
_____	_____	Youth Info Sheet
_____	_____	Court Orders, court reports, and adoption history
_____	_____	List of previous placements and contact info

Please call me if you have further questions.

Sincerely,

Pat Seaward-Salvati, MS  
Director of Admissions  
Spaulding Academy & Family Services  
72 Spaulding Road  
Northfield, NH 03276

