

CONFIDENTIAL
South Providence School
Screening/Admission Application

Date of Application: _____	Screening Date: _____
Admission Date: _____	Discharge Date: _____

Please **THOROUGHLY COMPLETE** this application and return to the Director of Pupil Services with all requested attachments. All referrals to Day Treatment must be submitted to the Principal or Clinical Director prior to the screening date. No applications will be accepted unless they are complete.

Youth's Name: _____ DOB: _____ Gender: _____ Ethnicity: _____
Address: _____ Grade: _____ NCWISE#: _____
Sending School/System: _____
School Address/Phone: _____
EC: Category/Setting: _____ / _____ 504 plan? _____ Testing Mods _____ EChistory? _____
Retained: Yes No If Yes, Which grades: _____ Are parents/guardians aware of referral? Yes No
Current Diploma Track: _____

Presenting Problem: _____

Has this student ever attended South Providence? Yes No Dates/Grades Attended: _____

Mother: _____ Father: _____
Address: _____ Address: _____

Phone: (H) _____ (W) _____ Phone: (H) _____ (W) _____
Employer: _____ Employer: _____

Name of Primary Caregiver/Guardian if different from parents: _____

Name of Legal Guardian: _____

Current Living Situation: _____ Mother/Father _____ Stepfather/Mother _____ Group Home
_____ Guardian _____ Stepmother/Father _____ Other

Sibling(s) Name(s): _____ Age: _____ Residence: _____
_____ Age: _____ Residence: _____
_____ Age: _____ Residence: _____
_____ Age: _____ Residence: _____

Describe in detail the youth's current living situation (i.e. alcoholic parent, divorce, abuse/neglect, single parent, family loss):

Previous Residential History: _____ Emergency Shelter _____ Juvenile Detention _____ Foster Home
_____ Training School _____ Psychiatric Hospital

Other than above, are there any significant life events that have had an impact on this youth? Yes No
If yes, please explain (i.e. divorce, death of a parent or sibling, car accidents, out of home placements, adoption, etc.) _____

Is the youth in DSS custody? Yes No If so, Name of Case Worker: _____

Medicaid #: _____ Does the youth have any special medical needs: _____

Does the youth have any medical conditions that would affect participation in any of the South Providence programs including recreational activities? (i.e. diabetes, seizures, broken bones, severe head injury): _____

Has the youth received previous mental health services and/or substance abuse services? Yes No
If yes, list service, provider and dates: _____

Does the youth have a Mental Health Case Manager? Yes No If yes, Name: _____
Address/Phone: _____

State the youth's current diagnoses: _____

Current Medications and dosage: _____

Describe the family's involvement in previous treatment programs/plans: _____

Describe the youth's history of drug and alcohol use (types and frequency): _____

Has the youth ever been involved with the legal system? Yes No If yes, why and when: _____

Juvenile Court Counselor Name and Phone: _____

Currently on probation? Yes No If yes, list the dates: _____

What are this youth's academic strengths? Be specific: _____

What are this youth's academic needs? Be specific: _____

Does this youth have a completed Individual Education Plan? Yes No If yes, what areas? _____

Does this youth have a completed Personal Education Plan? Yes No If yes, what areas? _____

Does this youth have a completed 504 Plan? Yes No If yes, why? _____

Is this youth currently in the Intervention Team Process? Yes No If yes, what level and areas? _____

What are this youth's emotional and behavioral needs? Be specific: _____

Describe the habitual disruptive behavior(s) and perceived causes. Be specific: _____

What types of interventions have been tried and with what degree of success?

TYPE	DURATION	OUTCOME

Has South Providence Career Academy been considered? Yes No

What critical issues need to be addressed by this youth while enrolled in South Providence School? _____

List the goals this youth is expected to achieve prior to returning to a regular school placement? _____

Why do you believe South Providence can meet the emotional, behavioral, and academic needs of this youth? _____

Where do you expect this youth to go once the program has been successfully completed? _____

Please attach the following information to this application:

1. Recent Psychological
2. All achievement scores
3. Report Card or current grades
4. Attendance Record
5. Discipline History
6. Individualized Education Plan, 504 Plan and/or PEP
7. All necessary Release of Information forms signed by parent/guardian
8. Most recent discharge summary if youth is coming from a hospital or training school setting.

Parent/Guardian Signature/Date

Signature of Person Completing the Form/Date

Signature of Home School Principal/Date

EC Teacher Signature (if applicable)/Date

Signature of Case Manager/Date