



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

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
_____	_____	Discharge reports
_____	_____	Incident reports/police reports
_____	_____	Clinical Assessments/Reports from child/family support services providers (CANS, CAST, etc.)

MEDICAL

YES	N/A	
_____	_____	Complete Physical Exam with Review of Systems from PCP (Well visit within 1 year)
_____	_____	Immunization records
_____	_____	Neurological Evaluations
_____	_____	Current medication list and labs from PCP or current placement facility
_____	_____	Evals from all specialists providing medical services (Dental records, ophthalmology, etc.)
_____	_____	List of diagnoses, allergies, and special diets from PCP

OTHER

YES	N/A	
_____	_____	Case Plan, Comprehensive Assessment for Treatment (CAT)
_____	_____	Youth Info Sheet
_____	_____	Court orders, court reports, adoption history, list of previous placements, and contact info
_____	_____	Guardianship paperwork, Custody Agreement, etc.

Please call me if you have further questions.

Thank you,

Nick Silva, MBA
Director of Admissions
Spaulding Academy & Family Services
72 Spaulding Road
Northfield, NH 03276

