

Spaulding Academy & Family Services Application for Referral

Student Name:						DOB:	
Home Address:							
Referral Source:	□ SAU #	□ DCYF/JJS		Office		☐ Other	
Abuse/Neglect		Delinquency				CHINS	
Contact Person for Referral:		Phone	Phone #:			Email:	
Current Residence or Placement:		1		Program Day	m Requested: Residential		unity Based Program
Placement History:		Number of Prior Pla since last home ren					
Guardians and Relationship to Student:						Phone Numbe	er:
Current Medications:						l	
1		. F	Reason:				_
2		. F	Reason:				_
3		. F	Reason:				_
4		. F	Reason:				_
Reason for Referra	ıl:						
Prior Hospitalizations:							

Tel: 603-286-8901 ext. 204...Fax: 603-286-7511...Email: NSilva@SpauldingServices.org

Student Name:			DOB:			
Educational Coding:	Academic Grade:	Academic Grade:		History of Restraints: Yes □ No □		
Medical Diagnoses:		Mental Healt		lth Diagnoses:		
Medication Allergies:	Environment Aller	gies:		Food Allergies:		
Diet Needs:	Glasses: Yes □	Glasses: Yes □ No □		Sleep Patterns:		
Significant Medical Needs:	,	Self-Injurio		Behavior: Yes □ No □ explain:		
Seizures: Yes □ No □ If yes, please explain and include seizure safety protocol:						
OT: Yes □ No □	T: Yes No No PT: Yes No No			Speech: Yes □ No □ Device / System Needed: Yes □ No □		
Activity Restrictions (Inc. restrain If yes, please explain:	t): Yes □ No □	Fire Setting Behaviors: Yes □ No □ If yes, please explain:				
Sexualized Behaviors: Yes □ No If yes, please explain:	Substance Use: Yes □ No □ If yes, please explain:					
Personal care supports needed: Yes						
Swallowing concerns: Yes □ No □ If yes, please explain:						
Discharge goal, contact restriction	ns, 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: _	
EDUCATIO	NAL	
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

