



## 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	

<b>Emergency Contact Name:</b>		<b>Relationship:</b>
<b>Mailing Address:</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>		

<b>FAIR Worker Contact Name:</b>		
<b>Mailing Address:</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>		

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

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

<b>OTHER:</b>	

<b>No Contact Guidelines:</b>	
<b>Supervised Phone Calls:</b>	<b>Supervised Visits:</b>

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