

CARES School
School District Pre-Admission Checklist



Referring School District: _____

Student's Name: _____

Home School: _____ Grade: _____

Names of school personnel providing services to student: _____

The following information along with an interview with student and parents by CARES personnel is required before a student will be considered for admission into the School Day Program at CARES.

_____ CARES Referral Form

_____ Assessment Team Report

_____ Most Recent IEP

_____ Summary of student's behavior and interventions, include the following

_____ Description of inpatient hospitalizations and residential placements (if any) including dates and diagnosis.

_____ Description of outpatient mental health services (dates and medication).

_____ Description of student's history within the school district (i.e. alternative school). Include eligibility ruling, when first eligible and current IQ score (within one year).

_____ Specific reason student cannot be served a FAPE within home school district.

_____ Explain other options discussed when determining placement

_____ Additional support aids and services

_____ Other options explored (alternative school, home school, EmD class)

_____ Documentation available supporting the summary (from previous providers)

CARES School
School District Referral Form



Referring School District: _____

Student's Name: _____

Home Address: _____

Phone Number: _____

Student's Social Security Number: _____ DOB: _____

Home School: _____ Grade: _____

Teacher's Name: _____

Student's Full Scale IQ/Date of Testing (must be within the last twelve months):

Eligibility Ruling/Date: _____

Are behavioral concerns addressed on the IEP? _____

Has an IEP meeting been held to revise? _____ Date: _____

Has a Functional Behavioral Assessment been completed? _____

Date: _____

What grade level is the student functioning on currently?

Reading: _____

Math: _____

Description of behavior(s) in the classroom:

When were the behaviors first observed? How have they changed since that time?

Description of behavioral interventions attempted:

Please give a detailed description of the specific skills/behaviors that you would like to see the student acquire before returning to the district.

1.

2.

3.

4.

5.

Current medications student is taking (including dosage):

Are these taken at school? If so, when and how?

Who prescribes these medications?

Is student cooperative with taking medications?

Are parents/guardians cooperative with ensuring medications are taken regularly?

What mental health services/counseling is the student currently receiving? By whom?

What other community agencies are involved with the student? (i.e. DHS, Youth Court, AOP)

Has the student ever been in a residential placement? (short or long term) If so, when?

Are the parents/guardians actively involved?

Signature

Date