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| **Student Information** |
| **Student Name:** (first, middle, last) | **DOB:** (MM/DD/YYYY) | **Age:** (age) | **Grade:** (grade) |
| **504 Plan:** [ ] **YES** [ ] **NO** | **Special Education (IEP):** [ ] **YES** [ ] **NO** |
| **Date of Admission:** select date | **Date of Discharge:** select date |
| **Residential Treatment Center Information** |
| **Name of Facility:** enter facility name |
| **Address:** (street, city, state, zip) | **Phone:** (\_\_\_) \_\_\_-\_\_\_\_ |
| **Educational Contact:** (enter name and title | **Email:** (enter email) |
| **Educational Case Manager:** (enter name and title | **Email:** (enter email) |
| **Academic Update** |
| **Academic Strengths:** enter student’s academic strengths |
| **Academic Challenges:** enter student’s academic challenges |
| **Successful Academic Strategies:** enter academic strategies and supports that have been helpful |
| **Academic Summary:** enter a summary of the student’s academic performance, including necessary accommodations, while in your program |
| **Behavioral Update** |
| **Behavioral Strengths:** enter student’s behavioral strengths |
| **Behavioral Challenges:** enter student’s behavioral challenges |
| **Successful Behavioral Strategies:** enter behavioral strategies and supports that have been helpful |
| **Behavioral Summary:** enter a summary of the student’s behavioral performance, including necessary accommodations, while in your program |
| **Supporting Documentation** |
| Indicate and attach any supporting documentation that you wish to share. (The following is a checklist of sample documents that may be considered. The list is not intended to be exhaustive.)[ ] Report Card/Transcript[ ] Attendance Data[ ] IEP or 504 Plan[ ] Disciplinary Referrals[ ] Discharge Summary |