|  |  |
| --- | --- |
| Student name: Click or tap here to enter text. | Date of birth: Click or tap here to enter text. |
| County of residence: Click or tap here to enter text. |  |
| Managed Care Organization (MCO): Click or tap here to enter text. |  |

**DOCUMENTS TO BE SUBMITTED WITH APPLICATION**

|  |  |
| --- | --- |
| ☐ | Consent to Exchange Information Form |
| ☐ | Immunization Record |
| ☐ | Cognitive (IQ) Evaluation (within past 3 years) **\*report required\*** |
| ☐ | Academic Achievement Evaluation (within past 3 years) **\*report required\*** |
| ☐ | Autism Spectrum Disorder (ASD) Evaluation (if applicable) **\*report required\*** |
| ☐ | Current Individualized Education Plan (IEP) or 504 Plan (if applicable) \***current copy required\*** |
| ☐ | Speech/Language Evaluation (if applicable) |
| ☐ | Neurological Evaluation (if applicable) |
| ☐ | Discharge Summaries from Psychiatric Hospitalizations (if applicable) |
| ☐ | Discharge Summaries from prior residential placements (if applicable) |
| ☐ | DSS reports (if applicable) |
| ☐ | Juvenile Court Records (if applicable) |

**MANAGED CARE ORGANIZATION (MCO) SIGNATURE OF REVIEW**

MCO submitting referral: Click or tap here to enter text.

Date of submission: Click or tap to enter a date.

MCO Representative Signature of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Care Coordinator (if applicable): Click or tap here to enter text.

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| Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. |

 **Wright School Application for Admission**

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| Child’s first name: Click or tap here to enter text.Child’s middle name: Click or tap here to enter text.Child’s last name: Click or tap here to enter text.Child’s preferred name: Click or tap here to enter text.Date of birth: Click or tap here to enter text.Height: Click or tap here to enter text.Weight: Click or tap here to enter text.Sex: [ ] Female [ ] Male Gender Identity: ☐Female ☐Male  ☐Other (Specify if desired): ☐ Prefer not to answerCounty of Residence: Click or tap here to enter text.Parent/Guardian Name(s): Click or tap here to enter text.Relationship to Child: Click or tap here to enter text. | Ethnicity:Is the child Hispanic or Latino? [ ] Yes [ ] No Race (select at least one, check all that apply): [ ] American Indian or Alaskan Native[ ] Asian[ ] Black or African-American [ ] Native Hawaiian and Pacific Islander[ ] White |
| Parent/Guardian Address: Click or tap here to enter text. |

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| Phone #(s): | Home: Click or tap here to enter text. | Work: Click or tap here to enter text. | Cell: Click or tap here to enter text. |

 Parent/Guardian(s) Email: Click or tap here to enter text.

 Family members currently living in home with child: Click or tap here to enter text.

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| Strengths: Click or tap here to enter text. |
| Interests: Click or tap here to enter text. |
| Triggers: Click or tap here to enter text. |
| Academic Skill Deficits: Click or tap here to enter text.  |
| Troubling Behaviors: Click or tap here to enter text. |
| Diagnoses: Click or tap here to enter text. |
| Medications: Click or tap here to enter text. |

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| Behavioral Strategies/Mental Health Interventions | Effectiveness (Describe) |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. | Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |

**Cognitive (IQ) test:**

|  |  |
| --- | --- |
| Name of test: Click or tap here to enter text. | Date administered: Click or tap to enter a date. |

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| Results: Click or tap here to enter text. |

**Answer “YES/NO” for each:**  **If you answered “YES,” describe:**

|  |  |
| --- | --- |
| Allergies: ☐Yes ☐No |  Click or tap here to enter text. |
| Runaway attempts: ☐Yes ☐No |  Click or tap here to enter text. |
| Fire setting: ☐Yes ☐No |  Click or tap here to enter text.  |
| Problematic sexualized behaviors:☐Yes ☐No |  Click or tap here to enter text. |
| Special medical needs: ☐Yes ☐No |  Click or tap here to enter text. |
| Bedwetting: ☐Yes ☐No | Please specify: Day / Night / Frequency Click or tap here to enter text. |
| History of trauma:☐Yes ☐No |  Click or tap here to enter text. |
| Autism:Evaluated: ☐Yes ☐NoDiagnosed: ☐Yes ☐NoSuspected: ☐Yes ☐No | \*If evaluated for Autism, the complete evaluation report must be provided with referral\* Click or tap here to enter text. |
| Covid Vaccinations Status:Initial: ☐Yes ☐NoSecond: ☐Yes ☐No Most Current Booster: ☐Yes ☐NoNot vaccinated ☐ | \*If vaccinated for covid, please attach vaccination card. Click or tap here to enter text. |

|  |  |
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| Current community school: Click or tap here to enter text.  | Grade: Click or tap here to enter text. |
| Ever been retained: ☐ Yes ☐ No What grade: Click or tap here to enter text. |  |

|  |  |  |
| --- | --- | --- |
| Eligible for Special Education services:  | ☐Yes | ☐No |

If yes, area(s) of eligibility: Click or tap here to enter text.

If yes, current IEP Expiration Date: Click or tap here to enter text.

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| --- | --- |
| School Supports and Strategies | Effectiveness (Describe) |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
| Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

Contact Information

|  |  |  |
| --- | --- | --- |
| Mental Health Professional | Name |  Click or tap here to enter text. |
| Agency |  Click or tap here to enter text. |
| Address |  Click or tap here to enter text. |
| Work Phone |  Click or tap here to enter text. |
| Email |  Click or tap here to enter text. |
| DSS Worker (if applicable) | Name |  Click or tap here to enter text. |
| Agency |  Click or tap here to enter text. |
| Address |  Click or tap here to enter text. |
| Work Phone |  Click or tap here to enter text. |
| Email |  Click or tap here to enter text. |
| Guardian Ad Litem (if applicable) | Name |  Click or tap here to enter text. |
| Agency |  Click or tap here to enter text. |
| Address |  Click or tap here to enter text. |
| Work Phone |  Click or tap here to enter text. |
| Email |  Click or tap here to enter text. |