



Southern Westchester BOCES - Student Intake Data Form

Demographics			District Recommendations		
Referral Date:			District:		
Name:			Contact:		
Date of Birth:			Email:		
Disability:			Telephone:		
Parent/ Guardian (s):			Fax:		
Address:			Notify district contact before intake?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Telephone Numbers:	Home:		Recommended Program:		
	Work:		Recommended Diploma Type:	<input type="checkbox"/> IEP	
	Mobile:			<input type="checkbox"/> Regents	
Current Placement:				<input type="checkbox"/> NYSAA	
Grade Level:			Recommended Year:	<input type="checkbox"/> 10 mo.	<input type="checkbox"/> 12 mo.
			Medication:		
Comments/Alerts:					
Current Performance Levels					
Psych Test Name:			Educ. Test Name:		
IQ Testing Dates:			Educ. Test Date:		
Verbal Score:			Grade Level - Decoding:		
Performance Score:			Grade Level - Comprehension:		
Full Scale IQ:			Grade Level - Mathematics:		
Medical Information Required for Admission				Checklist	
Physical Examination w/BMI Status - within past 12 months				<input type="checkbox"/>	
Immunization Record w/ current age-appropriate boosters				<input type="checkbox"/>	
Dental Certificate - within past 12 months				<input type="checkbox"/>	
Medical Release Form signed by legal guardian				<input type="checkbox"/>	
Emergency Contact Information Form completed with current information				<input type="checkbox"/>	
Student Behavioral Profile (check all that apply)					
<input type="checkbox"/>	Physical Aggression	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Self-Injury	<input type="checkbox"/>	Phobias	<input type="checkbox"/>	Truancy
<input type="checkbox"/>	Verbal Abuse	<input type="checkbox"/>	Suicidal Ideation/Attempts	<input type="checkbox"/>	Physical/Sexual Abuse
<input type="checkbox"/>	Non-Compliant	<input type="checkbox"/>	Somatic Symptoms	<input type="checkbox"/>	Psychiatric Hospitalization
Materials Required to Process Intake			Materials Required to Admit Student		
<input type="checkbox"/>	Psychological Evaluation		<input type="checkbox"/>	Applicable Evaluations - Related Services	
<input type="checkbox"/>	Current Report Card/Transcript		<input type="checkbox"/>	Functional Behavioral Assessment (if appropriate)	
<input type="checkbox"/>	Social History				
OFFICE USE ONLY:		<i>Referred to:</i>		<i>Clinician:</i>	<i>Date:</i>