



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: Work: Mobile:	Recommended Program:			
Current Placement:		Recommended Diploma Type:	<input type="checkbox"/> Regents <input type="checkbox"/> Local <input type="checkbox"/> NYSAA		
Grade Level:		Recommended Year:	<input type="checkbox"/> 10 mo. <input type="checkbox"/> 12 mo.		
Comments/Alerts:		Medication:			
<b>Current Performance Levels</b>					
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:			
LHRIC has permission to forward SWBOCES all historical test scores for students enrolling in our programs. YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>Medical Information Required for Admission</b>		<b>Checklist</b>			
Physical Examination w/BMI Status - within past 12 months		<input type="checkbox"/>			
Immunization Record w/ current age-appropriate boosters		<input type="checkbox"/>			
Medical Release Form signed by legal guardian		<input type="checkbox"/>			
Emergency Contact Information Form completed with current information		<input type="checkbox"/>			
<b>Student Behavioral Profile (check all that apply)</b>					
<input type="checkbox"/>	Physical Aggression	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Self-Injury	<input type="checkbox"/>	Anxiety	<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
<b>Materials Required to Process Intake</b>		<b>Materials Required to Admit Student</b>			
<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				
<b>OFFICE USE ONLY:</b>	<i>Referred to:</i>	<i>Clinician:</i>	<i>Date:</i>		