



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>	