



Southern Westchester BOCES – Student Intake Data Form

DEMOGRAPHICS		DISTRICT RECOMMENDATIONS	
Referral Date:		School District:	
Student Name:		Contact Person:	
Date of Birth:		Email Address:	
Disability:		Telephone Number	
Parent/ Guardian(s):		Fax Number	
Address:		Notify district contact person before conducting the intake? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number(s): Home: _____ Work: _____ Mobile: _____		Which BOCES program is the district recommending?	
Student's Current Placement:		Recommended Current Type of Diploma: <input type="checkbox"/> IEP <input type="checkbox"/> Regents NYSAA	
Grade Level as of 9/201 :		Recommended Length of School Year: <input type="checkbox"/> 10 mo <input type="checkbox"/> 12 mo	
Comments/Alerts:		Current Medications (if any):	

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 taken within the past 12 months			
Immunization Record w/ current age appropriate boosters			
Dental Certificate within past 12 months			
Medical Release form signed by legal guardian			
Emergency Contact form completed w/current information			

STUDENT BEHAVIORAL PROFILE (check all that apply)			
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Non-compliant	<input type="checkbox"/> Suicidal Ideation/Attempts	<input type="checkbox"/> Truancy
<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Depression	<input type="checkbox"/> Somatic Symptoms	<input type="checkbox"/> Physical/Sexual Abuse
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Phobias	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Psychiatric Hospitalization

MATERIALS REQUIRED TO PROCESS INTAKE
<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Current Report Card/Teacher Report/Transcript
<input type="checkbox"/> Social History

MATERIALS REQUIRED TO ADMIT STUDENT
<input type="checkbox"/> Applicable Clinical Evaluations of Related Services Providers
<input type="checkbox"/> Functional Behavioral Assessment (if appropriate)

For Office Use Only:

Referred to: _____ Clinician: _____ Date: _____