

CEDAR RIDGE ACADEMY
RR 1 Box 1477
Roosevelt, UT 84066

Student Personal and Developmental Information

Full Name: _____

Date of Birth: _____ Ethnic Origin of Student: _____

Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Student is currently living where? _____

With whom does child normally reside?

_____ Both parents _____ One parent/no step-parent

_____ Mother/stepfather _____ Father/stepmother

_____ Other family (specify relationship) _____

_____ Other non-family (specify relationship) _____

If parents are divorced, please indicate custody situation and **attach a copy of the custody order** to verify: _____ Mother _____ Father _____ Joint with equal custody

Information regarding person(s) with whom child resides:

Name of Father/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name of Mother/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Information regarding parent with whom child does not reside (if relevant):

Name: _____

Exact relationship to child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Spouse's Name: _____ Work Phone: _____

Is child adopted? _____ Yes _____ No If so, indicate date and location: _____

Describe any special circumstances or problems related to the adoption that may be relevant to working with this student: _____

PRESENTING ISSUES

1. Please describe problems with student that indicate the need for placement: _____

2. Has the student experienced any trauma, either psychological or physical or both? If so, describe.

3. Do you know of or suspect drug or alcohol use/abuse on the part of the student? (including prescription or over-the-counter) If so, please describe _____

4. Do you know of or suspect sexual activity on the part of the student? If so, describe: _____

5. Has the student been in trouble with the law? If so, describe: _____

6. Is the student court ordered to be placed in a therapeutic milieu? If so, why? _____

General Behavior: Please briefly describe the student's typical relationships with all of the following:

Friends: _____

Persons in positions of authority: _____

Attitude toward community involvement: _____

Self image, attitudes, personal goals: _____

Church activity/involvement: _____

Honesty:

1. Does your child have a history of misrepresenting the truth? _____ Yes _____ No

Comments/Specifics: _____

2. Do you consider honesty a significant problem for your child? ____ Yes ____ No

Specifics: _____

Relationships within family:

1. Describe student's general relationship(s) with parents: _____

2. List all siblings who live with student. Indicate name, age, gender, history with student, and biological relationship (i.e. full sibling, half-sibling, step-sibling): _____

3. Is there any history of family psychiatric problems or substance abuse? If so, describe: _____

4. List all siblings who do not live with student. Indicate name, age, gender, history with student, biological relationship, and with whom sibling lives: _____

5. Describe problems other siblings have had that might be relevant to the student's presenting issues: _____

6. Specific comments regarding relationships within the home: _____

7. Please list at least three goals that you as parents would like to work on in family therapy: _____

Counseling History (Check all that apply):

- _____ Student has had individual therapy.
_____ Parents have had counseling without student.
_____ Family has had counseling which included student.

1. Please list the three primary or most significant issues or problems dealt with in therapy:

2. Describe overall outcome of previous therapy: _____

Please list all prior out-of-home placements, either in programs or elsewhere:

Placement: _____ Dates: _____

Address: _____

City: _____ State: _____ Zip: _____

Placement: _____ Dates: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment History:

1. Has your student ever been employed? ___ Yes ___ No (If yes, please answer questions 2-5.)
2. Business Name _____
3. Dates of employment _____
4. Job title and responsibilities _____
5. Job performance: _____ Poor _____ Adequate _____ Excellent

School Information:

Last Grade Completed: _____ Last Grade Enrolled: _____

Current academic performance: (Circle one) failing average below average above average

Has your student ever been tested for a learning disability or received special education services?

_____ Yes _____ No If so, for what specifically? Does your student currently have an IEP or 504 plan? If so, please include a copy. Comments: _____

School attendance pattern: frequent truancy occasional truancy average good

1. If behavior and motivation allow, what are parent expectations for student's school progress while at Cedar Ridge? _____

2. Will student likely graduate from high school at Cedar Ridge Academy? _____

STUDENT MEDICAL AND DENTAL HISTORY

Student's Name: _____ DOB: _____

Please indicate this child's general rate of physical growth and development: (Circle one)

Slower than average Average Faster than average

1. *Please describe the child's general emotional development and maturation:* _____

2. *At what age did adults begin having difficulty managing this child and/or at what age did others first notice significant inappropriate behaviors on the part of this child? Please give details:*

3. *Has the child ever experienced any of the following?:*

- | | | |
|----------------------------------|-----|----|
| 1. Ear pain or hearing loss? | Yes | No |
| 2. Eye discomfort or sight loss? | Yes | No |
| 3. Frequent headaches? | Yes | No |
| 4. Dizziness or fainting spells? | Yes | No |

- | | | | |
|-----|--|-----|----|
| 5. | Hay fever or other allergies? | Yes | No |
| 6. | Allergies to any medications? | Yes | No |
| 7. | Skin sores, rashes or hives? | Yes | No |
| 8. | Warts, moles or swellings? | Yes | No |
| 9. | Stomach aches or persistent indigestion? | Yes | No |
| 10. | Urinary burning or frequent urination? | Yes | No |
| 11. | Coughing or persistent indigestion? | Yes | No |
| 12. | Sugar in the urine? | Yes | No |
| 13. | Vaginal discharge? | Yes | No |
| 14. | Painful menstruation? | Yes | No |
| 15. | Venereal disease? | Yes | No |
| 16. | Tumor, cyst, growth, or cancer? | Yes | No |
| 17. | Heart disease? | Yes | No |

Has your child ever been diagnosed with any of the following?

- | | | | |
|-----|------------------------------------|-----|----|
| 18. | Deformities of any kind? | Yes | No |
| 19. | Diabetes? | Yes | No |
| 20. | Asthma? | Yes | No |
| 21. | Arthritis? | Yes | No |
| 22. | Seizures, convulsions or epilepsy? | Yes | No |

Has your child ever been:

- | | | | |
|-----|--|-----|----|
| 23. | Sexually abused? | Yes | No |
| 24. | Physically abused? | Yes | No |
| 25. | Psychologically abused? | Yes | No |
| 26. | Classified as neglected by child welfare | Yes | No |

Does this child currently have:

- | | | | |
|-----|---|-----|----|
| 27. | Glasses or contact lenses? | Yes | No |
| 28. | Special dietary needs? | Yes | No |
| 29. | Orthopedic appliances, including dental braces? | Yes | No |

Is your child a vegetarian? Yes No

Please explain any "Yes" answer to the above items, referring to the item number:

Explain any hospitalizations and/or surgeries in the past five years, including emergency room visits:

Date(s): _____

Hospital: _____

Address: _____

Injury or Reason: _____

Outcome: _____

(NOTE: If child has had more than one hospital/emergency room visit, please use back to list additional incidents, providing the same information as requested above).

Does your child have any known physical conditions that would preclude him/her from participating in sports or physical education activities? _____ Yes _____ No

If yes, please explain: _____

MEDICATION:

Current medication(s) and dosages:

For what? _____

Previous medication(s): _____

For what? _____

Allergies to medications or foods? _____
