



MARYMOUND

Finding the good

File #

## Marymound School Admission Form

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Student's full name \_\_\_\_\_

Birthdate \_\_\_\_\_ Completed by \_\_\_\_\_

Position \_\_\_\_\_

### Reasons for referral

**Family Assessment:** Please describe family situation, including family patterns and solutions attempted by the family. Provide comments on siblings, ages and other notable relationships.

**Clinical Assessments:** Psychological/psychiatric, Social work, reading assessments, therapy/counselling – both past and ongoing. Attach additional sheet as required.

**Academic history:** Grade equivalents, I.E.P.s (Please attach copy)

**Delinquencies:** Past or present justice system involvement? If so, provide names and contact information for lawyer, probation officer, etc.

**Health:** General overview, medications, specific diagnoses.

**Relationships with peers:**

**Relationships with adults:**

**Strengths:**

**Interests:**

**Placement plans and goals**

- 1.
- 2.
- 3.