

Student Information Form page2

With whom is the student currently living with:

- | | |
|------------------------------|--|
| _____ Biological parents | _____ Biological Mother and stepfather |
| _____ Adoptive parents | _____ Biological Father and stepmother |
| _____ Foster parents | _____ Relatives (Names: _____) |
| _____ Biological mother only | _____ Institution/Home(Name: _____) |
| _____ Biological father only | _____ Other: _____ |

Sibling information:

Name	Age	Relationship to Student (full, half sib, foster, adopted, etc.)	Currently Living (Home, away at school, etc.)

Others Living in the home:

Name	Age	Gender	Relationship to student

Signature: _____

Print name: _____

Relationship to student: _____

Date: _____



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Medical Release

To be completed by the student's physician before the program begins. If you have a current (within 2 years) MSHSL sports qualifying physical exam form please attach a copy to intake. In such a case you do not need this medical release form.

Patients Name: _____ Date of Birth: _____

Said patient will be in a fitness program that includes walking, swimming, running and biking. Is the above patient able to participate in these activities?

_____ Yes

_____ No

What restrictions would you recommend?

_____ None

_____ Yes

Please
list: _____

Physician's name:(please print) _____ Phone #: _____

Physician's Signature: _____

Date: _____



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School Information/Education Identification and Services

Education: list all schools attended, beginning with current school:

Dates and grades attended	Name of school	Address & phone number	Behavior problems, if any

Does your student enjoy being in school? _____

Specific likes and dislikes pertaining to school:

Has your student been diagnosed with a learning disabilities? Y N

If so, please indicate: _____

School Information/Education Identification and Services page 2

School District: _____ Name of school: _____

Address: _____

Phone number: _____

Case manager: _____ Phone number: _____

ASD Specialist: _____ Phone number: _____

Classroom teacher(advisor): _____ Phone number: _____

Do you have a current IEP or 504 plan? Y N If yes please attach a copy to intake.

Current services at school:

_____ Autism spectrum disorder services

_____ Speech /Language Therapy

_____ Occupational Therapy

_____ Specific learning disabilities services

_____ Developmentally Adapted Phy Ed (D/APE)

_____ Other health impairment treatments

_____ Math

_____ Reading

_____ Writing

_____ Language

Please describe general services your student receives in a school environment: _____

Signature: _____

Print name: _____

Relationship to student: _____

Date: _____



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Socialization Adjustments

How would you describe your student's interpersonal relationships?

With:

Mother: _____

Father: _____

Brother(s): _____

Sister(s): _____

Peers: _____

Teachers: _____

Professionals: _____

Discuss your hopes for bringing your student to this program: _____



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Socialization Adjustments Page 2

Does your child have a history of:

Behavior	Yes	No	Date of last Episode and Age	Explain
Running away				
Fire setting				
Sexual acting out				
Self/other destructive behavior				
Threatening/ mean behavior				
Other behavior we should be aware of				

Signature: _____

Print name: _____

Relationship to student: _____

Date: _____



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Consent to Release Private data

To be completed by the authorized parent/guardian to allow ANSWER to discuss information with the students therapist and or school case manager.

I, _____ hereby authorize the staff of ANSWER (Asperger's Network Support for Well-being Education and Research) to exchange any information contained in the record of (student) _____

with:

(Therapist Name) _____

(Case Manager) _____

for professional use only.

I understand that this authorization takes affect on the day I sign, it expires upon _____ as no more than one year from the date of my signature.

I also understand that I can change or revoke this authorization at anytime.

Signed: _____

Relationship to client: _____

Witness: _____

Date: _____