



School District:			School:	
Student's Name:				
Parent/Guardian's Nam	ne(s):			
Address :				
Phone Number:	Age:	Grade:	Date of Birth:	
Teacher(s):				
Reason For Referral Why are you interested		ding Open Doo	r School?	
Medical Please list the student's	qualifying diagnos	sis:		
Please list any other me	dical diagnosis:			
Please list the student's	mental health diag	gnosis:		
Current meds:				

Student's health history:
Academic How does your child communicate his/her wants and needs?
What added support is needed for your child to accomplish his/her IEP goals?
Does your child currently have a 1 on 1 aide?
Likes of the student:
Dislikes of the student:
Behavioral Does your child have a difficult time with his/her behavior? If yes, please explain. If there are no behavior issues, mark No and skip this section.  Yes No
Is there a time of day or school subject in which your child has the most difficult time?
How often does the behavior occur?
Have you noticed anything specifically that causes the behavior?

What has been tried to decrease the challenging behavior?
Did it help improve the behavior?
Related Services:  Does the student receive Speech, Occupational Therapy, Physical Therapy or other type supports during the school day? Please list:
Other pertinent info (med changes, sickness, allergies, cavities, changes in family dynamics, etc):
Transportation: How does the student currently get to and from school?
Can the individual safely ride the bus independently?
Are there any behavioral concerns on the bus?
What level of support (if any) is currently being used to help transport the student safely?

After completing this form please mail, email or submit in person to Open Door School if you are interested in school services for your child.

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