

EDUCATIONAL PLANNING AND COUNSELING SERVICES

TRANSITIONAL PLACEMENT ASSESSMENT FOR PARENTS

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____ GRADE _____

SCHOOL PRESENTLY ATTENDING _____

CITY/STATE/COUNTRY _____ CITIZENSHIP _____

CURRENT GRADES ARE __EXCELLENT __AVERAGE __GOOD _____ POOR _____ FAILING

BRIEFLY DESCRIBE: THE TYPE OF PLACEMENT YOUR CHILD IS LEAVING:

BRIEFLY DESCRIBE: YOUR CHILD'S ACADEMIC IMPROVEMENT SINCE ENTERING OR LEAVING A THERAPEUTIC SCHOOL OR PROGRAM?

BRIEFLY: TELL US HOW YOU CONTACTED OUR EDUCATIONAL CONSULTANT

WHAT TYPE OF PLACEMENT OR SCHOOL HAVE YOU BEEN LOOKING AT?

BRIEFLY DESCRIBE WHY YOU AGREED TO SENDING THEM TO A PRIVATE THERAPEUTIC BOARDING SCHOOL OR WILDERNESS PROGRAM?

HAS YOUR CHILD EVER ATTENDED A THERAPEUTIC BOARDING OR INDEPENDENT DAY SCHOOL BEFORE?

YES ____ NO ____ DATE _____ YEAR?

WHAT DO YOU BELIEVE WERE THE CHALLENGES THEY MIGHT FACE IN RETURNING TO A PUBLIC SCHOOL AFTER LEAVING A THERAPEUTIC SCHOOL OR PROGRAM?

WOULD YOU BE MORE COMFORTABLE IN THEM RETURNING TO A PUBLIC SCHOOL AFTER LEAVING A THERAPEUTIC SCHOOL? WHY?

HAVE YOU DISCUSSED THESE CHALLENGES WITH THEM? YES ____ NO ____

WHAT DO YOU BELIEVE HAS BEEN ACCOMPLISHED BY THEM ATTENDING A THERAPEUTIC SCHOOL OR PROGRAM?

WOULD YOU CONSIDER THEM ENTERING ANOTHER PRIVATE SCHOOL?

WOULD COST BE A DETERMINING FACTOR ____ YES ____ NO

EXPLAIN: _____

HAVE YOU DISCUSSED YOUR CONCERNS WITH YOUR CHILD?

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

WHAT IS THE MOST RECENT STATE TESTING SCORE OF YOUR CHILD: _____?

WHAT ARE THE (SAT, ACT, OR SSAT SCORES) RESULTS: (IF NOT TAKEN PUT NONE)

VERY MATURE _____ SOMEWHAT IMPROVED _____ NOT MATURE AT ALL _____ GOOD
MUCH BETTER _____ MUCH MORE MATURE _____ STILL VERY POOR _____

TO YOUR KNOWLEDGE HAS YOUR CHILD EVER USE OR EXPERIMENTED WITH DRUGS

____ YES ____ NO

EXPLAIN IN DETAIL:

HAS THERE BEEN A RELAPSE IN THEIR DRUG USE OR RETURN FROM PREVIOUS BEHAVIOR WHICH YOU CAN EXPLAIN:

HAS YOUR CHILD EVER EXPERIENCED ANY TRAUMA OR EVENT WHICH HAS CAUSED YOU CONCERN? (LOSS OF FAMILY MEMBER, MOVED, CHANGE IN SCHOOLS)

DATE OF THE EVENT: _____ YEAR _____

HAS YOUR CHILD ENGAGED IN SELF DESTRUCTIVE BEHAVIOR? (STEALING, LYING, AND NOT FOLLOWING DIRECTIONS, RUNNING AWAY) AFTER THEIR PLACEMENT.

DESCRIBE YOUR CHILD'S LEVEL OF CONFIDENCE OR SELF ESTEEM?

DOES YOUR CHILD HAVE ANY LEARNING DIFFERENCES

DESCRIBE: _____

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

WHAT IS THE NATURE OF THEIR CONDITION?

HOW LONG HAVE THEY BEEN UNDER THIS CARE?

WHO WAS THE DOCTOR: _____?

MAY WE CONTACT THEM?

YES _____ NO _____

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

_____ EXCELLENT _____ GOOD _____ NOT SO GOOD _____ VERY POOR

WHERE WOULD YOU BE MOST COMFORTABLE IN PLACING YOUR CHILD AFTER LEAVING A THERAPEUTIC OR WILDERNESS?

_____ PUBLIC SCHOOL _____ PRIVATE SCHOOL _____ BOARDING SCHOOL
_____ CHARTER SCHOOL _____ VOCATIONAL SCHOOL _____ COLLEGE

AGREEMENT

BY GIVING CONSENT THE PARENT SIMPLY AGREES TO ALLOW THE EDUCATIONAL CONSULTANT TO WORK ON BEHALF OF THE FAMILY IN A PLACEMENT OR SCHOOL OR PROGRAM.

PARENT SIGNATURE

FULL NAME/PLEASE PRINT

ARE YOU THE LEGAL GUARDIAN OR PARENT _____ YES _____ NO?

WHO IS THE LEGAL GUARDIAN _____?

DO YOU HAVE JOINT CUSTODY? _____

ADDRESS

CITY/STATE/COUNTRY/

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

PLEASE FAX THE FORM TO OUR FAX: 623 322-9481