

SUMMIT ACADEMY MANAGEMENT

2791 Mogadore Road • Akron, Ohio 44312 • (800) 442-5753 • FAX (330) 670-8284
WEBSITE: www.SummitAcademies.com • E-MAIL: Info@SummitAcademies.org

Thank you for your interest in Summit Academy Community Schools for Alternative Learners, which are designed to meet the educational needs of students who are at risk for academic failure due to having ADHD, Asperger's Syndrome or other high-functioning autism spectrum disorders. All Summit Academy Schools are tuition-free and 501(c) (3) non-profit institutes.

No student shall be discriminated against on the basis of race, religion, national origin, financial status or disability.

In this "APPLICATION PACKET" you will find the following forms:

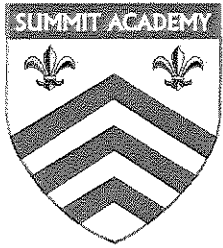
- **Summit Academy Application-** Please complete this form to start the application process.
- **Summit Academy Potential Student MFE/IEP Form-** Please take this form to your child's current school to be completed by appropriate school personnel. When enrolling at Summit Academy, if applicable, you must have copies of your child's MFE/IEP.
- **Summit Academy Authorization for the Release of Student Records-** Please complete this form that authorizes Summit Academy staff and management to obtain your child's previous school records.
- **Summit Academy Internet Usage Agreement & Permission Form-** Please read the Internet Usage Agreement carefully and sign the permission form only if you choose to authorize your student to use the Summit Academy Schools' electronic computer network, with access to the Internet.
- **Summit Academy Physician's Diagnosis Form-** This form should be completed *only if* your child has an existing mental health diagnosis, such as ADHD or Asperger's.
- **Parent Intake Questionnaire -** Please complete this form as thoroughly as possible. This form will be reviewed during your application conference.

Please fill out all forms completely and return them to Summit Academy Management or the school of your interest.

Be aware that all forms are to be filled out and returned before acceptance into the Academy.

If the number of applicants exceeds spaces allotted for each grade, the applicants will be chosen through a lottery selection process. If selected, you will then be notified and asked to complete the enrollment process.

The Summit Academy School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of school policies, admission policies, scholarship and loan programs, and athletic and other administered school programs.



APPLICATION- CINCINNATI TRANSITIONAL HS

To submit an application for the 2011/2012 school year:

- 1). Complete all pages, sign and date in the spaces provided at the end of this application.
- 2). Drop off or mail to your local Summit Academy School- 5800 Salvia Ave., Cincinnati 45232
- 3). For more information, please call: (513) 541-4000 or visit us on the web at: www.SummitAcademies.com

Today's date: _____

STUDENT INFORMATION

Student Name _____ Jr/Sr/III

Nickname (if applicable) _____ Date of Birth _____

Social Security Number _____ Female Male

Primary Language- Check One:

E (English) S (Spanish) O (Other, please specify: _____)

Ethnic Background- Is this student Hispanic/Latino? Yes No

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Which of the following five racial groups applies to the student? Check all that apply:

- American Indian or Alaskan Native** – Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – Persons having origins in any of the black racial groups in Africa.
- Native Hawaiian or Other Pacific Islander** – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.
- White** - People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Who has legal custody of the student? _____

The student lives with: _____

Check the grade your child attended in 2010/2011? 9 10 11 12

Student's kindergarten experience: None Half Day Full Day

Has the student been diagnosed with: ADD/ ADHD Asperger's Syndrome

Does the student have any medical/ health, or other concerns that the school should be aware of? Yes No

Explain: _____

Does the student need to take medication(s) at school? Yes No

Name of medication(s): _____

CONFIDENTIAL PRIMARY CONTACT INFORMATION

Contact Name (Dr. Ms. Mrs. Mr.) _____ Jr/Sr/III

Relationship _____ Home Phone _____ Work Phone _____

Cell Number _____ Email _____

School District in which Parent/ Guardian resides _____

Home Address* _____
STREET CITY STATE ZIP

** This is where all school correspondence, including report card, will be mailed*

PREVIOUS SCHOOL INFORMATION

Name of school previously attended _____

Address of previous school _____

Has your child ever been retained? Yes No If so, what grade (s)? _____

Does the student have an active IEP/ MFE? Yes No

If yes, what issues are identified on the MFE? _____

What types of special education services were received? _____

Has your child received Title I services in the past? If so, for what? Math Reading

Is your child currently receiving Title I services? If so, for what? Math Reading


CONFIDENTIAL FAMILY INFORMATION

Is a sibling of the applicant **currently attending** a Summit Academy School? Yes No

If yes, please list sibling name and school location: Name: _____

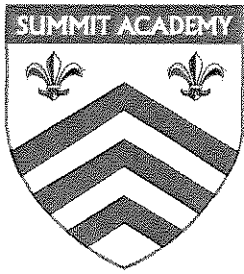
Location: _____

How did you hear about the school? _____

.....
 By signing, I acknowledge the attached information is accurate and true. I do have legal custody of this child and the right to make decisions regarding educational placement.

Signature: _____

Date: _____



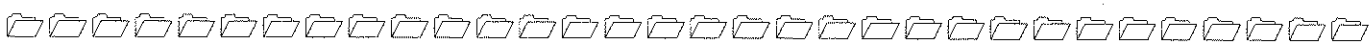
CINCINNATI TRANSITIONAL HIGH SCHOOL
 5800 Salvia Avenue ~ Cincinnati, Ohio 45224
 Phone: (513)541-4000 ~ FAX: (513)541-4075

MFE/IEP Form for Potential Summit Academy Student

Dear Parent/ Legal Guardian:

Please take this form to your child's current school and have it completed by the appropriate school personnel (e.g., Special Education Coordinator or School Secretary). Return this form, along with copies of the MFE and IEP, if applicable, to your local Summit Academy with your application materials.

Thank you.



Dear School Administrator:

Please check off the appropriate box(es) below and return this form, along with copies of the appropriate documents as applicable, to the parent/ legal guardian.

Student Name: _____ Date of Birth: _____

YES, Meetings have been held to address needs specific to this student. The following documents have been generated, and copies provided to the parent/guardian:

- | | |
|---|---|
| <input type="checkbox"/> MFE/IEP | <input type="checkbox"/> <i>(copy provided to parent)</i> |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> <i>(copy provided to parent)</i> |
| <input type="checkbox"/> IAT Meeting Information | <input type="checkbox"/> <i>(copy provided to parent)</i> |
| <input type="checkbox"/> Other testing or evaluation | <input type="checkbox"/> <i>(copy provided to parent)</i> |

NO, meetings have not been held to address needs specific to this student. There is no information regarding available to provide to the parent.

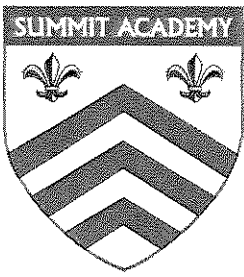
 Authorized School Personnel Signature

 Date

 Print Name

 Telephone Number

 School Name and Address



CINCINNATI TRANSITIONAL HIGH SCHOOL

AUTHORIZATION for RELEASE OF STUDENT RECORDS & SPECIAL EDUCATION DOCUMENTATION

When submitted, this authorization will become part of the student's permanent record in accordance with the *Family Educational Rights and Privacy Act of 1974*.

Child's Name: _____

Grade: _____ D. O. B: _____ Present School Attending: _____

School Address: _____

Parent/ Legal Guardian's Name: _____

Home Address: _____
(COMPLETE ADDRESS, INCLUDING CITY, STATE and ZIP CODE)

As the parent/ legal guardian of the above-named child, I authorize Summit Academy Community School to receive my child's records.

I have been advised that I have the right to request a hearing to review and discuss the contents of the records checked below.

CHECK and INITIAL ONE or MORE:

- | | |
|---|---|
| <input type="checkbox"/> Release All _____ | <input type="checkbox"/> Psychological Reports/ Assessments _____ |
| <input type="checkbox"/> Permanent/ Cumulative Records _____ | <input type="checkbox"/> Counseling Reports _____ |
| <input type="checkbox"/> Health/ Immunization Records _____ | <input type="checkbox"/> School Disciplinary Records _____ |
| <input type="checkbox"/> Special Education/ MFE/ 504/ IEP _____ | <input type="checkbox"/> Legal Court Documentation _____ |

(PARENT/ GUARDIAN SIGNATURE)

(PARENT/ GUARDIAN NAME IN PRINT)

THE RECORDS SHOULD BE RELEASED TO:

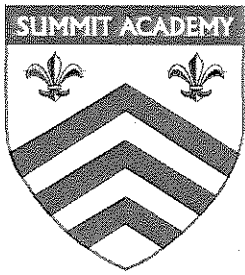
**Summit Academy Cincinnati Transitional High School
5800 Salvia Avenue ~ Cincinnati, Ohio 45224
PHONE: (513) 541-4000
FAX: (513) 541-4075**

Date records REQUESTED

Initials

Date records RECEIVED

Initials



INTERNET USAGE AGREEMENT

Read the following carefully before signing; this is a legally binding document

General Information

The Summit Academy Schools' computer system is for the use of authorized users only. Unauthorized access and/or use are prohibited by law. Individuals using the Summit Academy Schools' computer systems without authority; or in excess of their authority, are subject to having their activities on the Summit Academy Schools' computer system monitored and recorded by Summit Academy Schools system personnel.

Anyone using the Summit Academy Schools' computer system is advised that if monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

In general, network use requires efficient, ethical and legal utilization of the network resources. If a user violates any of these provisions, his or her account with Summit Academy Schools can be terminated and future access could be denied. The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

Internet Access

The Summit Academy Schools is an electronic computer network with access to the Internet. The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Summit Academy Schools users, therefore, have access to: electronic mail communication with people all over the world; information and news from, as well as the opportunity to correspond with, research institutions; public domain and shareware software of all types; discussion groups on many cultural, political, scientific, and general or special interest topics; and access to many universities, libraries (including the Library of Congress), non-profit organizations, commercial companies, etc.

Along with access to computers and people all over the world comes the availability of material that may be considered to not be of educational value within the context of the school setting. The Summit Academy Schools has established procedures to monitor access to controversial materials; it is impossible to control all materials and an industrious user may discover controversial information. Summit Academy Schools firmly believes that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure materials inconsistent with educational goals for the district or the network.

Internet access is coordinated through the Summit Academy data center. The smooth operation of the network relies upon the proper conduct of the end users, who must adhere to strict guidelines. These guidelines (terms and conditions) are provided here so the user is aware of the responsibilities associated with use of this network.

Terms and Conditions for Acceptable Use

1. Use of the Summit Academy network is a privilege. Inappropriate use will result in a suspension and/or cancellation of those privileges. The Director of Technology, in conjunction with the superintendent of schools guided by the Children's Internet Protection act, will deem what is inappropriate use of the network; their decision is final. They may close an account at any time as required. The administration, faculty, and staff of Summit Academy Schools may request the system administrators to deny, revoke, or suspend specific user accounts.

2. Security on any computer system is a high priority, especially when the system involves many users. Individuals identifying a security problem on the Summit Academy Schools network have the obligation to notify the system administrators at the earliest possible time. It is recommended that the problem is reported via telephone, if possible, or E-mail if the user is reasonably sure E-mail is secure.

Use of any account not specifically assigned to the user by the Summit Academy IT department is expressly forbidden and will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access.

3. The purpose of networking to the Internet is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for collaborative work. Use of other organization's networks or computing resources must comply with rules appropriate for that network. Use of an account must support goals consistent with the educational objectives of Summit Academy schools.

Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. Additionally, commercial transactions, "for-profit" ventures, employee recruiting, extensive personal business, product advertisement, or political lobbying are unacceptable activities.

4. The Summit Academy Schools makes no warranties of any kind, expressed or implied, for the service being provided and will not be responsible for any damages suffered, including loss of data resulting from delays, non-deliveries, miss-deliveries, or service interruptions caused by negligence, errors or omissions. The Summit Academy Schools specifically denies any responsibility for the accuracy or quality of information obtained through the network services; use of any such information is at the user's risk.

5. Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to alter or destroy or reduce the usability of data of another user or any agencies or other networks that are connected to Summit Academy Schools or the Internet. This includes, but is not limited to, the uploading or creation of computer viruses, worms, etc.

6. All users are expected to abide by generally accepted rules of network etiquette, including (but not limited to) the following;

a. Do not use abusive language in messages.

- b. The network is a public medium. Do not use vulgarities, obscenities or other inappropriate language; reporting or quoting obscene or inappropriate material is also unacceptable.
- c. Illegal activities are strictly forbidden, will be reported to appropriate authorities, and can result in loss of privileges to use the network, as well as possible prosecution.
- d. Do not reveal personal addresses or phone numbers.
- e. Electronic mail (E-mail) is not guaranteed to be private; system administrators and operators can access mail and also software may misdirect messages. Messages relating to or in support of illegal activities will be reported to appropriate authorities.
- f. The network is a shared resource with finite capacities. Any use of the network that disrupts other users or seriously degrades performance may be determined to be improper by the system administrator; appropriate action will be taken.
- g. All communications and information accessible via the network should be assumed to be private property. Re-posting of private communications without prior consent of the author is unacceptable.
7. Summit Academy Schools may occasionally require new registration and/or account information from all or selected users in order to continue the service. Users agree to notify Summit Academy Schools of any changes in account information (address, etc.) as soon as possible.
8. There are no Internet user account fees for Summit Academy students or staff.
9. The Director of Technology reserves the right to limit or suspend access to the Summit Academy Schools and/or Internet or to supersede portions of this agreement as may be deemed necessary for the maintenance, safety or security of the Summit Academy Schools.
10. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Ohio, United States of America.
11. The following list includes, but is not limited to, the types of information that are viewed as being "inappropriate" and/or "inconsistent with educational goals of the district" and therefore are prohibited:
- Any communication that can be considered obscene, profane, lewd, vulgar, rude, inflammatory, threatening or disrespectful.
 - Posting information that could cause damage or a danger of disruption
 - Engaging in personal attacks, including prejudicial or discriminatory attacks.
 - Revealing the personal address or phone number of yourself or others.
 - Communicating any credit card number, bank account number, or any other financial information.
 - Acquiring data or other images from people's pages without their permission except as needed for specific educational purposes in keeping with the "Fair Use" portion of the U.S. Copyright Act.

SUMMIT ACADEMY SCHOOLS
Internet Usage Permission Form - STUDENT

Dear Parent/Guardian & Student:

The Internet represents a unique opportunity for students to explore the incredible wealth of information that enhances learning. The Internet can also make accessible some resources that are not appropriate for young people. In an effort to facilitate the appropriate use of the Internet for student research, we have implemented a "Kid Safe" search engine, content filtering, usage logging, and disallowing e-mail and Internet chat.

Students will have opportunities to connect to the Internet in classrooms and computer labs, under the supervision of Teachers and/or Instructional Aides. Students will be given instruction in the appropriate use of the school's technology resources.

All students who use the Internet are required to adhere to the Internet Usage & Safety Policy, and Harassment, Intimidation, Bullying & Cyberbullying policy—copies attached. Violations may result in the loss of a student's privilege to use the Internet, as well as subject him/her to further disciplinary action up to and including suspension or expulsion.

We encourage parents/guardians and students to discuss the content of this form and the attached Policy.

This form must be signed and returned to the school before the student is granted Internet access. The form expires on the 30th of June each year & a new one must be signed & submitted.



STUDENT: I understand and will abide by the provisions and conditions of this contract and the Internet Usage Agreement. I realize that Internet access in school is for educational purposes ONLY! I understand that any violation of the above provisions may result in disciplinary action, the evoking of my user account, and any appropriate legal action, if necessary. I will not hold Summit Academy or its staff responsible for, or legally liable for materials distributed to or acquired from the Internet or local network. I also agree to report any misuse of the Internet to the School Director, my Teacher, Instructional Aide or other staff member.

Student Name (print): _____

Student Signature: _____

CHECK IF STUDENT IS 18 OR OLDER:



PARENT/GUARDIAN: As the Parent/Guardian, I have read this contract and the Internet Usage & Safety Policy. I understand that Internet access in school is for educational purposes ONLY! I also understand that it is impossible for Summit Academy to restrict access to all inappropriate materials. I will not hold Summit Academy or its staff responsible for or legally liable for materials distributed to or acquired from the Internet or local network. I also agree to report any misuse of the Internet to the School Director or Teacher.

I accept full responsibility for supervision if and when my child's use is not in a school setting.

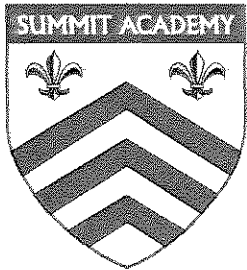
I hereby give my permission to allow my child to use the Internet and certify that the information contained in this form is correct.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Today's Date: _____

School Name (print): _____



CINCINNATI TRANSITIONAL HIGH SCHOOL
5800 Salvia Avenue ~ Cincinnati, Ohio 45224
Phone: (513) 541-4000 ~ FAX: (513) 541-4075

DIAGNOSIS FORM

STUDENT: _____ AGE: _____ D.O.B: _____

GRADE: _____ DATE OF ASSESSMENT: _____

PROFESSIONAL EVALUATOR:

_____ **YES * Based on my examination, the above-named student appears to have limited alertness or a heightened alertness to irrelevant stimuli with respect to the educational environment due to:**

PLEASE CHECK ALL THAT APPLY:

- | | | |
|----------------------|----------------|--------------------|
| _____ ADD | _____ ADHD | _____ ASTHMA |
| _____ LEAD POISONING | _____ EPILEPSY | _____ BRAIN INJURY |

PLEASE INDICATE ANY ADDITIONAL RELATED PHYSICAL, MENTAL, OR EMOTIONAL DIAGNOSIS SUCH AS:

- | | |
|--|--|
| _____ ASPERGER'S SYNDROME | _____ PERVASIVE DEVELOPMENTAL DISORDER |
| _____ BIPOLAR DISORDER | _____ DEPRESSION |
| _____ OPPOSITIONAL DEFIANT DISORDER | _____ POST TRAUMATIC STRESS DISORDER |
| _____ OBSESSIVE COMPULSIVE DISORDER | _____ TOURETTE'S SYNDROME |
| _____ OTHER (S), please specify: _____ | |

The student is taking the following medication(s): _____

Additional Information:

SIGNATURE /TITLE OF PROFESSIONAL EVALUATOR

DATE

PRINT NAME / TITLE OF PROFESSIONAL EVALUATOR

ADDRESS

(_____) _____
PHONE NUMBER

Summit Academy- Cincinnati THS		Parent Intake Questionnaire	
Student's First Name:		Last Name:	Date:
Address:		City:	Zip:
DOB:	Age:	SS#	Phone:
Person Completing Form:		Relationship to Child:	

PLEASE LIST THE PEOPLE LIVING IN YOUR HOME:

NAME	RELATIONSHIP	AGE	SEX	OCCUPATION

PLEASE LIST PEOPLE SIGNIFICANT TO YOUR CHILD LIVING OUTSIDE THE HOME:

NAME	RELATIONSHIP	AGE	SEX	OCCUPATION

SCHOOL HISTORY:

Name of current school: _____ Grade: _____

What grades did your child receive on the last report card? _____

Number of days missed this year: _____ Last year: _____

Has your child ever repeated a grade? Describe: _____

What other schools has your child attended? _____

Is your child in special classes or receiving special services? Describe: _____

Does your child have an MFE / IEP? Yes No (For what disability? _____)

How many days was your child suspended this year? _____ Last Year? _____

Has your child ever been expelled from school? Yes No

If Yes, why? _____

Which areas contribute to your child's difficulties at school?

- | | |
|------------------------|-----------------------------------|
| Organization skill | Out of Class for Behavior |
| Problems with Homework | Study Skills |
| Note-taking | Not Paying Attention in Class |
| Missed Assignments | Poor Motivation |
| Late/Lost Assignments | Poor Motivation |
| Poor Test Grades | Poor Student/Teacher Relationship |

Please explain items above: _____

How often are you contacted by the school about your child's behavior? _____

How long have these difficulties been concern to you? _____

What have you done in the past to get help for your child?

- | | |
|--|--|
| Get help on your own
(Private tutor, ACLD, Sylvan, etc) | Requested testing from school |
| Requested extra services from school | Requested help from principal |
| Requested help from teacher | Requested Help from Board of Education |
| | Consulted an Attorney to take legal action |

What happened as a result of your attempts to help your child? _____

Can your child read? Yes No _____

What are your general concerns for your child? _____

MEDICAL HISTORY:

Child's pediatrician: _____

Date of last physical examination: _____ Immunization up to date? Yes No

Problem with: Speech Vision Hearing

Please explain: _____

Does your child have allergies? Yes No

Please explain: _____

Please describe your child's chief medical/physical complaints: _____

Please list any medications currently taken by your child:

Medication Name	Dosage	Purpose	Prescribed By	Side Effects

Please list any serious illnesses, injuries, or surgeries: _____

Student Medical Illness History:

- | | | |
|---------------|----------------------|-----------------------|
| Measles | Encephalitis | Broken Bones |
| Mumps | Asthma | Loss of Consciousness |
| Chicken Pox | Fainting Spells | Dizziness |
| Diphtheria | High Fever | Suicide Attempt |
| Scarlet Fever | Convulsions | Ear Infections/Tubes |
| Meningitis | Injuries to the Head | |

Family Medical History: check conditions effecting family members, and write name of person(s) effected.

Condition	Name	Condition	Name
allergies		suicide	
degenerative disease		mental health problems	
diabetes		obesity	
high blood pressure		cancer	
alcoholism/drug use		epilepsy/seizures	
heart trouble		mental retardation	
other:		other:	

MEDICAL CONDITIONS AND SYMPTOMS:

Past	Now	Never	Symptom	Past	Now	Never	Symptom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic Underachievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Cravings for Sweets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger Outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headaches (Morning)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headaches (Evenings)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headaches (lasting ___ hours)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby Talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Voices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Itchy Skin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor Appetite
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cries Easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distractibility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loses Temper Easily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Going to Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lying
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Staying Asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moody Often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Memory Problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encopresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Breakdown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eats Non-edibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervousness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Upsets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Demands for Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Dependent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Dieting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overeating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perfectionist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Sexual Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rebellious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temper Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stealing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worrier, Feels Insecure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thumb - sucking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad Dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Upsets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting

DEVELOPMENTAL HISTORY:

Describe any problems during pregnancy with this child: _____

List any drugs, alcohol, or medication used during pregnancy by mother: _____

Type of Delivery: _____

Problems during delivery: _____

Problems with the following:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> low birth weight | <input type="checkbox"/> colic | <input type="checkbox"/> feeding |
| <input type="checkbox"/> incubator | <input type="checkbox"/> convulsions | <input type="checkbox"/> birth defects |

Compare to other children, describe this child's development:

	Early	Average	Delayed		Age
Motor: (crawling, walking)				Age child Walked	
Speech: (words, sentences)				Age child used sentences	
Self-help: (dressing, toileting)				Age child toilet trained	

Which of the following are true for your child?

- | | |
|---|---|
| <input type="checkbox"/> Has strange sense of humor
<input type="checkbox"/> Makes comments or facial expressions that don't match the situation.
<input type="checkbox"/> Has a particular routine for doing daily activities
<input type="checkbox"/> Becomes very upset when things change suddenly
<input type="checkbox"/> Doesn't interact with other children when playing | <input type="checkbox"/> Becomes obsessive with particular subjects or themes (Pokemon, Spiderman, horses, etc.)
<input type="checkbox"/> Doesn't identify when others are teasing him/her
<input type="checkbox"/> Difficulty with pretend or make-believe play
<input type="checkbox"/> Avoids physical affection or contact
<input type="checkbox"/> Over-reacts to lights, noises, smells, etc. |
|---|---|

Please explain: _____

Has child ever been abused physically, emotionally or sexually? Yes No

If yes, please explain: _____

ENVIRONMENTAL HISTORY:

PLEASE LIST ANY PLACES YOUR CHILD HAS LIVED OUTSIDE THE HOME:

Placement:	Date from:	to:
Reason for Placement:		

Placement:	Date from:	to:
Reason for Placement:		

Placement:	Date from:	to:
Reason for Placement:		

Do you live in: home you own home you rent apartment trailer
 Do you live in: city suburb rural area

Please check any family issues that have made a significant impact on your child:

<input type="checkbox"/> Frequent Moves	<input type="checkbox"/> Alcohol / Drug Use	<input type="checkbox"/> Death of Family Member
<input type="checkbox"/> Parents Divorce	<input type="checkbox"/> Legal Problems / Jail	<input type="checkbox"/> Abuse / Neglect
<input type="checkbox"/> Parents Remarriage	<input type="checkbox"/> Parent Conflicts	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Parent Separated	<input type="checkbox"/> Parent Job Loss	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Family Illness	<input type="checkbox"/> Financial Stress	<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Personal Illness	<input type="checkbox"/> Learning Problems	<input type="checkbox"/> Other

Please list any changes in the past 1 year that have created stress in your family. (Example: births, deaths, marriages, separations, divorces, moves, school changes, financial stress, etc).

Please list any changes in your child's lifetime that have created stress in your family. (Example: births, deaths, marriages, separations, divorces, moves, school changes, financial stress, etc.)

TREATMENT HISTORY:

Is your child diagnosed with Attention Deficit Disorder (ADD or ADHD)? Yes No

Is your child diagnosed with any other conditions? _____

Is your child currently receiving counseling services? Yes No

Is your child currently prescribed any medications for these conditions? Yes No

If "yes" please list medications. _____

Mental Health Agency:	Date of Service: _____ to _____
Worker(s): _____	
Reason for seeking treatment: _____	

Has your child received counseling services in the past? Yes No

Mental Health Agency:	Date of Service: _____ to _____
Worker(s): _____	
Reason for seeking treatment: _____	

Hospital/ Facility:	Date of Service: _____ to _____
Admitting Doctor(s): _____	
Reason for seeking treatment: _____	

LEGAL HISTORY:

Has your child ever been arrested, on probation, or involved with a Juvenile Diversion Program? Yes No

If "Yes" please explain: _____

BEHAVIORAL HISTORY:

Describe your child's relationship with peers including recent changes.

Describe your child's relationship with those in authority.

Has your child ever threatened or attempted suicide? Yes No

If yes, describe _____

Has your child ever threatened or attempted to runaway? Yes No

Have you ever needed to have your child live with someone else due to conflicts at home? Yes No

If yes, describe _____

Describe any personality changes/mood swings _____

Please check any of the following that apply to your child:

<input type="checkbox"/> Head Injury	<input type="checkbox"/> Talking	<input type="checkbox"/> Learning
<input type="checkbox"/> Poor Coordination	<input type="checkbox"/> Feeling Rejected	<input type="checkbox"/> Behavioral Problems
<input type="checkbox"/> Leaving a loved One	<input type="checkbox"/> Overweight	<input type="checkbox"/> Frequent Tantrums
<input type="checkbox"/> Engages in Dangerous Behavior	<input type="checkbox"/> Did not like to be held as a baby	<input type="checkbox"/> Avoiding Others
<input type="checkbox"/> Refusing to Talk	<input type="checkbox"/> Strong Willed	<input type="checkbox"/> Small for Age
<input type="checkbox"/> Fighting	<input type="checkbox"/> Reading Problems	<input type="checkbox"/> Too Active
<input type="checkbox"/> Fidgety/Restless	<input type="checkbox"/> Eating Problems	<input type="checkbox"/> Fearful Leaving Home
<input type="checkbox"/> Few Friends	<input type="checkbox"/> Shy	<input type="checkbox"/> Picked On
<input type="checkbox"/> Prefers to be Alone	<input type="checkbox"/> Developmental Delays	

Please check and describe any behaviors which apply to your child.

<input type="checkbox"/>	Aggression to Others:
<input type="checkbox"/>	Verbal Abuse to Others:
<input type="checkbox"/>	Destruction to Home/Property:
<input type="checkbox"/>	Cruelty to Animals
<input type="checkbox"/>	Threats to Kill Others:
<input type="checkbox"/>	Stealing:
<input type="checkbox"/>	Lying to Parents:
<input type="checkbox"/>	Breaking Curfew:
<input type="checkbox"/>	Fighting/Refusing Household Chores:
<input type="checkbox"/>	Fire-starting:
<input type="checkbox"/>	Bedwetting/Soiling Self:
<input type="checkbox"/>	Change in Eating Habits:
<input type="checkbox"/>	Change in Sleeping Pattern/Nightmares:
<input type="checkbox"/>	Change in Hygiene:
<input type="checkbox"/>	Loss of Interest in Activities:
<input type="checkbox"/>	Drug or Alcohol Use:

What goals do you have for child in the coming school year? _____

Parent/Guardian Signature	Date	Summit Academy Received By	Date
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