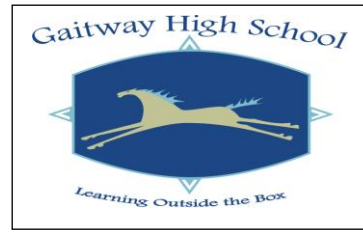


Please complete this form in its entirety and return to:

Lindsay Baar
Gaitway High School
PO Box 23129
Chagrin Falls, OH 44023
Fax: 440.708.0029



**Application for Admission to Classrooms in the Geauga County
Consortium for Emotional Support Services
(Only School Districts can apply)**

Identifying Information

Student Name _____ Sex M F Birthdate _____ Grade _____

Parent/Guardian _____ Relationship to Student _____

Address _____ City _____ Ohio Zip Code _____

Student Resides with _____

Student Address if Different than Parent _____

Home Phone _____ Work Phone _____

Cell Phone _____ e-mail address _____

Placing School District _____ School _____

District Representative/Title _____ Phone _____

Please send the following for purpose of determining candidacy

____ Attendance Record

____ Report Card

____ Current ETR

____ Current IEP

____ Discipline History

Academic Information

Ability (IQ) Level _____

OGT Test Results for the following:

Social Studies _____ Science _____ Reading _____ Math _____ Writing _____

Date of last ETR _____ Reevaluation Date _____

Medical Information

Present and Past Medical Diagnoses

Present and Past Medications _____

If Medicaid Eligible- Contact person and number

Community Involvement

Case Manager/Agency _____ Phone _____

Counselor, Social Worker, Psychologist (Name/Agency Providing Service)

_____ Phone _____

Probation Officer (Name/Court) _____ Phone _____

Job & Family Svcs. Caseworker _____ Phone _____

Psychiatrist/Neurologist/Other Medical Doctor (Name/Specialty)

_____ Phone _____

Other Community Professional _____ Phone _____

Behavioral Information

Behavioral Profile _____

Has the student demonstrated any of the following behaviors:

Fire Setting Yes No

Animal Abuse Yes No

Physical Aggression Yes No

If so, please describe the event(s) and the treatment or supportive action taken:

Placement Information

Related Services required (please check)

Occupational Therapy _____

Physical Therapy _____

Speech/Language Pathology _____

Social Work _____

Other (please list) _____

Reason for Out of County Placement Request _____

Other information to assist with determination of placement _____

Home School Contact Person: _____