

Psychiatric Diagnosis: _____

Current Medications: _____

List of Psychotropic Medication History: _____

Medical Diagnosis: _____

Allergies: If yes, please explain: _____

Physical Disabilities: If yes, please explain: _____

Other Pertinent Medical Issues: _____

GI XYbHs Educational History:

Current Grade: _____

Diploma Obtained

GED Obtained

Last Known IQ: _____

Special Education Classification:

_____ Learning Disability

_____ Emotional/Behavioral Disability

_____ Other

Does Student Have Current IEP? _____

School District of Residence: _____

School Contact Person/Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Last School Student Attended: _____

Thank You

Kathleen O'Connor, Admissions Coordinator, Stetson School, will contact you shortly.

Other needed documentation will include:

- Psychological Testing
- Full Medical History
- Full Educational History
- Court Involvement History
- Current Plans