



Charles F. Mahoney
Executive Director

Fayette-Greene-Washington
INTERMEDIATE UNIT 1
Educational Campus at Clark
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ADMISSION FORM

I. STUDENT DEMOGRAPHICS

Student Name: _____ PAsecureID: _____
 Student Address: _____ Birth Date: _____
 _____ Home Phone: _____
 Parent(s)/Guardians _____ Work/Cell Phone: _____

II. SCHOOL INFORMATION

School District: _____ Grade: _____
 School: _____ Contact Person: _____
 Current Educational Placement: General/Regular Education
 Special Education (Complete Section V)
 Other Alternative Ed. Placement (specify) _____
 Other (specify) _____

Parent(s) Notification of Pending Placement: Yes No
 Method of Contact: Phone Call Date(s): _____
 Conference Date(s): _____
 Other (specify) _____

Due Process Provided: Yes Informal Hearing Formal Hearing Date: _____
 No

III. REASON FOR REFERRAL (Check only one)

- Disregard for school authority, including violation of school policy and rules
- Display of or use of controlled substances on school property or during school-affiliated activities
- Violent or threatening behavior on school property or during school-related activities
- Possession of a weapon on school property, as defined under 18 Pa. C.S. Section 912
- Commission of a criminal act on school property
- Misconduct that would merit suspension or expulsion under school policy
- Habitual truancy
- Transition program for student returning from placement (excluding mental health placement)

IV. AGENCY / COMMUNITY INVOLVEMENT

Student on Probation Probation Officer: _____
 Children and Youth Services Caseworker: _____
 Other (specify) _____

V. SPECIAL EDUCATION INFORMATION (Attach all documents)

- Current Reevaluation Report (RR) Date: _____
- Current Invitation to IEP or Other Meeting Date: _____
- Current Individualized Education Program (IEP) Date: _____
- Current Notice of Recommended Placement (NOREP) Date: _____
- Current Positive Behavior Support Plan (PBSP) Date: _____
- Current Progress Reports Date: _____
- Previous Special Education Documents Date: _____

Disability Category: _____

VI. STUDENT RISK FACTORS

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| Homeless | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| In Foster Care System | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Family Abuse or Neglect | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Sexual Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Depression / Suicide Attempt(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Pregnant or Teen Parent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Parent Incarcerated | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Parent Unemployed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Family Mental Health Problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Drug or Alcohol Involvement (Student or Family) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Family Poverty | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Other (specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

VII. DOCUMENTS REQUIRED (Attach all information)

- Attendance Records
- Transcripts / Credits Earned _____ Credits Needed _____
- _____ Discipline Record / Printout Days Suspended _____
- _____ Health Record
- _____ Current Report Card GPA _____
- _____ PSSA Scores

Reading _____	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic
Math _____	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic
Writing _____	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficient	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic
- _____ 4Sight Benchmark Assessment Scores (if applicable)

Reading _____	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficiency	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Chance
Math _____	<input type="checkbox"/> Advanced	<input type="checkbox"/> Proficiency	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	<input type="checkbox"/> Chance

Signature/Title

Date