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| **I. PLACEMENT HISTORY:** |
|  | Name of Hospital | Reason for Hospitalization | Reason for Discharge | AdmissionDate (mm/dd/yy) | DischargeDate (mm/dd/yy) |
| List all hospitalizations |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
|  | Placement Name/ Level of Care | Reason for Placement | Reason for Discharge | AdmissionDate (mm/dd/yy) | DischargeDate (mm/dd/yy) |
| List all prior out of home placements. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Name of Provider | Service Type | Reason for Referral | Admission Date(mm/dd/yy) | Discharge Date(mm/dd/yy) |
| List all prior or current mental health services. |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **II. EDUCATIONAL INFORMATION** |
| **A. School information** | Last School Attended: School district/LEA: Grade Level: History of Truancy:  Y  NIn past year has skipped school…  1-5 days  6-10 days  11-15 days  more than 15 days |
| Please describe any additional academic-related information of which we should be aware (i.e. suspensions, expulsions, IEP, etc.): |
|  | Special Ed?  Y  N IEP:  BED  EMD  SLD  OHI  504 Plan  Other:  |
|  | Date IEP/504 Plan expires \_ |
| **B. IQ Information** | Current IQ Score (**Required**): FSIQ- VCI- PRI- WMI- \_ PSI-  |
|  | Test Administered: \_ |
|  | Date Administered: \_ |

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| **III. LEGAL INVOLVEMENT** |
|  | **Charge:** Attach any applicable court documents or description of events | **Date** | **Outcome** |
| **A. Charges:** List all past, current, and pending charges. |  |  |  |
| **B. Probation** | Is the student currently on probation?  Yes  NoIf yes, please describe the length and all applicable terms: \_ |

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| **RELEVANT HISTORY** |
| **IV. SOCIAL HISTORY/ FAMILY DYNAMICS:** |
| Please provide a brief description of the student’s social history. Include information on family dynamics, family mental health history, and any significant events leading up to the student’s involvement in mental health treatments:* *Please provide the most recent* ***Comprehensive Clinical Assessment*** *and/or* ***Psychological Evaluation****.*

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| **VI. STRENGTHS & INTERESTS** |
| Please describe the strengths and interests of the client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Care Coordinator Name Date