



Child's Information

Assigned Level of Care (assessment): L1 L2 L3

Date: _____ Placement Type: _____

Name: _____ Age: _____ DOB: _____
Last First MI

Race (check one): Caucasian African-American Hispanic Other _____

Current Location: _____
Facility/Home City State Zip

Referring Agent : _____
Name Position/Relationship Phone Number

Address City State Zip Fax

How urgent is this placement? (circle one):

NOT VERY FAIRLY URGENT VERY URGENT

How many previous residential placements has this child experienced? _____

How successful has he/she been? (circle one):

NOT SUCCESSFUL FAIRLY SUCCESSFUL PERIODICALLY VERY SUCCESSFUL

Please complete the following sections in as much detail as possible. This information will be used to determine the child's eligibility for a trial placement at The Carpenter's Way.

Reason for Referral

1. Presenting Concern (primary reason for referral): _____

2. Secondary reason for referral: _____

Which of the following best describes the child's general history within the past 12 months?

(check all that apply)

- | | | |
|-----------------------------------|--|--|
| _____ Seriously harmed another | _____ Abused Physically | _____ Abused Sexually |
| _____ Seriously Verbally Abused | _____ Received a psychiatric diagnosis | _____ Sold Drugs |
| _____ Seriously Truant | _____ Physically violent to others | _____ Been Drunk |
| _____ Failed a grade in school | _____ Verbally violent to others | _____ Diagnosed HIV + |
| _____ Sexually abused another | _____ Ran away from home | _____ Abused Sexually |
| _____ Adjudicated delinquent, why | _____ Diagnosed w/ VD of any type | _____ Suicidal Tendencies |
| _____ | _____ Started Fights | _____ Used prescribed psychotropic drugs |



Psychiatric History

1. Does the child possess a recent (past 12 months) psychiatric history? Yes No

If yes, please describe: _____

2. Is the child using medication(s)? Yes No

If yes, what medication(s) is being used? _____
Who prescribed them? _____

3. Has the child been diagnosed with Attention Deficit Disorder? Yes No

If yes, what has been done about it? _____

How well has this strategy worked? _____

Educational History

1. Has the child recently been evaluated by a school or licensed psychologist/psychiatrist for educational purposes within the past 5 years? Yes No

If yes, what is the child's IQ? _____ Verbal _____ Performance _____ Full Scale
What test was used? _____ WISC-III _____ Binet _____ Other

2. What academic testing has been done? _____
What tests were used? _____
What were the results? (report the type of cores-age or grade level) _____

3. What is the child's current grade level? _____

4. Has the child ever been in a Special Education Program? Yes No

If yes, what is/was the type of disability program? _____ Behavior/Emotion _____ Intellectual
_____ Learning _____ Other



What type of placement? Self-Contained Resource Mainstreamed
 Co-taught classes

5. What were the child's last known grades in the following areas?

Language Arts Math Social Studies Science
 Physical Education Other _____

Medical History

1. At what age did any of the following illnesses or operations occur?

(Please identify severity, if known)

CHECK ONE	ILLNESS	MILD	MODERATE	SEVERE	AGE
	Whooping Cough				
	Mumps				
	Scarlet Fever				
	Measles				
	Chicken Pox				
	Pneumonia				
	Diphtheria				
	Croup				
	Headaches				
	Sinusitis				
	Rheumatic Fever				
	Earaches				
	Chronic Colds				
	Head Injuries				
	Asthma				
	Convulsion				
	Encephalitis				
	Tonsillitis				
	Tonsillectomy				
	Adenoidectomy				
	Mastoidectomy				



CHECK ONE	ILLNESS	MILD	MODERATE	SEVERE	AGE
	Allergies Does the child/youth still experience problems? YES or NO If so, what are they?				
	Others?				

2. How would you describe the child's/youth's current state of health? _____

Family History

- The youth is _____ of _____ children.
- Please use the following space to briefly describe the child's/youth's family history (include status of biological family – parents and sibling(s) and relational information which will provide insight into the need for placement): _____

Current Behavior Tendencies

1. Circle all of the following which apply to the child:

- | | | | | |
|-------------|----------------|---------------------|--------------------------|--------|
| Bedwetting | Explosive | Unpredictable | Unhappy | Loud |
| Excitable | Fearful | Jealous | Inability to concentrate | Loner |
| Steals | Nightmares | Swears | Trusting | Lonely |
| Destructive | Troublemaker | Overly affectionate | Cooperative | Yells |
| Nervous | Thumb Sucking | Verbally Aggressive | Overly Sensitive | Shy |
| Irritable | Non-Responsive | Responsive | Physically Aggressive | Happy |

Please fax a completed form along with a copy of the child's/youth's most recent psychological to (706) 322-5450 OR mail to:

The Carpenter's Way
Post Office Box 578
Fortson, Ga. 31808 – 0578

Please be advised that we are unable to consider for placement without a recent psychological report.