

GHI 89BH REFERRAL FORM

Ghi XYbhis Name:		Date of Referral:	
Date of Birth:Age:			
Referral Agent Primary	Contact:		
		Email:	
How did you learn abo	ut Ù&•@[}ÂÛ&@[?:		
Parent /Guardian <u>:</u>		Relationship to Student:	
Address:			
		Email:	
Ghi XYbhs Current Placement:		Length of Stay in Current Placement:	
List Previous Placem	ent History:		
Insurance:			
ID #:			
Contact Person:			
Ghi XYbh's Primary Re	asons for Needing Placeme	ent:	
What behavior(s) has t	he student engaged in:		

Ghi XYbh's Medical/Psychiatric History:

Psychiatric Hospitalization History (please include hospital & dates of hospitalization):

Psychiatric Diagnosis:			
List of Psychotropic Medica	ition History:		
Medical Diagnosis:			
Physical Disabilities: If yes	, please explain		
Other Pertinent Medical Iss	ues:		
Gh XYbh's Educational His	story:		
Current Grade:		Diploma Obtained	GED Obtained
Last Known IQ:			
Special Education Classif	fication:		
		Learning Disability	
		Emotional/Behavioral Disat	bility
		Other	
Does Student Have Current	t IEP?		
School District of Residence	e:		
School Contact Person/Title	e:		
Address:			
Phone:			
Last School Student Attend	ed:		

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