



**Northpoint School**  
**APPLICATION FORM**

**I. Identifying Data**

**Date:** \_\_\_\_\_

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**Student Information**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

**Parent (or Guardian) Information**

Parent's or Guardian's name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent's or Guardian's name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Referral Information**

Application completed by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please describe in your own words the nature of your child's difficulties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you expect Northpoint School to help your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

Referring School District: \_\_\_\_\_

If LAUSD, do you have a referral letter?

Yes

No

## II. School History

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### Current School Placement

School presently attending: \_\_\_\_\_ Current grade: \_\_\_\_\_

How long has your child attended this school? \_\_\_\_\_

Date of current IEP: \_\_\_\_\_

Type of school / program:

- Public
- Private
- Regular education classroom
- Regular education classroom with resource
- Special day class with mainstreaming
- Special day class without mainstreaming
- Nonpublic School
- Home school program

### Other Schools and Services

*Directions: Please list all schools your child has attended other than his / her current school. Please indicate whether your child was in a regular or special education classroom.*

<u>Name</u>	<u>Type of school / program</u>	<u>Dates (From / To)</u>	<u>Reason for change</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Directions: Please list all services your child is currently receiving.*

Type of Service (check all that apply):

- Speech / Language
- Adaptive P.E.
- Occupational Therapy
- DIS Counseling
- ERICS
- Medi-Cal
- Private Insurance
- Wrap Around
- TBS
- FSP
- COEDS

Is your child currently on medication?

- Yes
- No

If yes is indicate, what medication(s) is your child currently taking? \_\_\_\_\_

Has your child ever been hospitalized for psychiatric reasons?

- Yes
- No

If yes, when did the hospitalization(s) occur, for how long, and for what reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has there ever been DCFS involvement? \_\_\_\_\_ If so, when and for what reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Behavior

*Directions: Please check which behaviors apply to your child.*

- |  |  |
|--|--|
| <input type="checkbox"/> Aggression towards others | <input type="checkbox"/> Probation               |
| <input type="checkbox"/> Self-injurious behaviors  | <input type="checkbox"/> Restless                |
| <input type="checkbox"/> Anxious                   | <input type="checkbox"/> School avoidant         |
| <input type="checkbox"/> Depression                | <input type="checkbox"/> Separation difficulties |
| <input type="checkbox"/> Distractible              | <input type="checkbox"/> Sleeping problems       |
| <input type="checkbox"/> Drug use                  | <input type="checkbox"/> Stealing                |
| <input type="checkbox"/> Fears                     | <input type="checkbox"/> Substance abuse         |
| <input type="checkbox"/> Immature                  | <input type="checkbox"/> Tearful                 |
| <input type="checkbox"/> Lying                     | <input type="checkbox"/> Temper tantrums         |
| <input type="checkbox"/> Oppositional              | <input type="checkbox"/> Tired                   |
| <input type="checkbox"/> Overactive / Hyperactive  | <input type="checkbox"/> Trouble with the law    |
| <input type="checkbox"/> Passive / Withdrawn       | <input type="checkbox"/> Truancy                 |
| <input type="checkbox"/> Physical complaints       |  |

### Goals and Expectations

What goals and expectations do you have for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_