



Dear Parent:

This packet contains application materials for Wediko's residential programs: the Wediko School and Wediko Summer Program. Once the completed Parent Form is received, your child's application will be officially opened and someone from the admissions team will contact you to schedule an interview.

Please be sure to answer all questions as thoroughly as possible. The more you share about your family, the more Wediko can help your child. Although children live away from home while at Wediko, the family remains central to their thoughts, feelings, and development. For that reason, family therapy and weekly phone calls are a significant part of Wediko's programs. When families keep painful issues secret, our ability to help a child is limited; therefore we ask that you complete this material to the best of your ability.

In order for the application process to proceed efficiently, we request that you encourage your child's teacher and therapist to complete and submit their Wediko paperwork as soon as possible.

Additionally, if there are any other reports or evaluations which you feel are helpful in understanding your child, please forward them to the Wediko office.

If you have any questions about the Parent Form or would like assistance with any of the application materials, please contact the Wediko office.

We thank you for your time and consideration in completing the application materials.

Sincerely,

Harry W. Parad, Ph.D.
Executive Director

Patrick Ryan; LICSW, MBA
Director of Admissions & Development

Kathryn Walsh, M.Div., LCSW
Admissions

Enclosure: Parent Application Form

Si le gustaria obtener una copia de esta carta y una solicitud, por favor llame a Monica Rosario en las oficinas de Wediko al numero 617-292-9200.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Boston Offices

72-74 East Dedham Street
Boston, MA 02118
Phone: (617) 292-9200
Fax: (617) 292-9275
wediko@wediko.org

Wediko Children's Services, Inc.

www.wediko.org

Tax ID #04 6002778

New Hampshire Campus

11 Bobcat Boulevard
Windsor, NH 03244
Phone: (603) 478-5236
Fax: (603) 478-2049
wediko@wediko-nh.org



Child Application – Parent Form

© Wediko Children's Services

Date: _____

APPLYING TO:

Wediko School (circle all that apply): Residential Program Day Program 90-Day Assessment Program

CHILD INFORMATION:

Child's name: _____ Sex: Male Female

Age: _____ Date of birth (Month - Day - Year): _____ -- _____ -- _____ Height: _____ Weight: _____

Child's current street address: _____

City: _____ State: _____ Zip: _____

Please list any previous years at Wediko: Summer(s) _____ Academic Year(s) _____

Referral Source (name and position, if applicable): _____

PARENT / CARETAKER INFORMATION:

First parent or caretaker's full name that child lives with: _____

Age: _____ Occupation: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Second parent or caretaker's full name that child lives with: _____

Age: _____ Occupation: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Are parent(s)/caretaker(s): Married Separated Divorced Single (Never Married) Other (describe): _____

If applicable, please describe visiting arrangements _____

Who does the child live with? Biological parents Adoptive parents Foster parents Residential Facility Other

(describe): _____

Additional legal guardian name(s) (if applicable): _____

Address: _____

Home phone: _____ Cell phone: _____

STATE OR PRIVATE AGENCY INFORMATION:

Please note if any state or private agency is involved in the child's life.

Agency: _____ Worker: _____

Address: _____ City: _____ State: _____ Zip: _____

Since (referral date): _____ Phone: _____

MEDICATION:

Is your child on medication? Yes No

Physician's name: _____ Phone: _____ - _____ - _____

1. Drug: _____ Dosage: _____ Reason: _____

2. Drug: _____ Dosage: _____ Reason: _____

3. Drug: _____ Dosage: _____ Reason: _____

SCHOOL INFORMATION:

Child's current school name: _____

Phone: _____ - _____ - _____

Contact person: _____ Role: _____

Address: _____ City: _____ State: _____ Zip: _____

If applying to the Summer Program, will there be any changes in the child's school setting after the summer?

Yes No Maybe (If yes or maybe, please describe the changes being considered):

MEMBERS OF CURRENT HOUSEHOLD:

Please check all of the people who currently live with the child:

Biological mother Adoptive mother Foster mother Other _____

Biological father Adoptive father Foster father Other _____

Biological brother(s) Name(s) _____ Age(s) _____

Biological sister(s) Name(s) _____ Age(s) _____

Stepmother Name _____ Age _____

Stepfather Name _____ Age _____

Stepbrother(s) Name(s) _____ Age(s) _____

Stepsister(s) Name(s) _____ Age(s) _____

Foster brother(s) Name(s) _____ Age(s) _____

Foster sister(s) Name(s) _____ Age(s) _____

Other relative(s) Name(s) _____ Age(s) _____

FAMILY MEMBERS / SIGNIFICANT OTHERS LIVING ELSEWHERE:

Name	Age	Relationship	Town / State	Frequency of visitation

HISTORY:

At what age did the child first show signs that s/he might be a special needs child? What were the special needs that were identified?

1. Age: _____ Problem: _____
2. Age: _____ Problem: _____
3. Age: _____ Problem: _____

Please describe any times the child has been hospitalized:

1. Age: _____ How long: _____ Reason: _____
2. Age: _____ How long: _____ Reason: _____
3. Age: _____ How long: _____ Reason: _____

Please summarize all previous specialized school settings, placements, and/or living situations.

1. School/Living situation: _____ Dates: _____
Reason: _____
2. School/Living situation: _____ Dates: _____
Reason: _____
3. School/Living situation: _____ Dates: _____
Reason: _____

FAMILY INFORMATION:

Please describe times of the day or list activities which are most pleasant and enjoyable for your family. Be sure that the child applying to Wediko **is present** at these family times.

1. _____
2. _____
3. _____

Please describe times of the day (or activities) that are most upsetting and stressful for your family.

1. _____
2. _____
3. _____

Please describe your family's biggest or most serious problems.

1. _____
2. _____
3. _____

FAMILY STRESSORS:

Below you will find a list of events that can potentially be stressful for both parents and children. If they apply, please check those events that have occurred in your family, and list the date.

1. Marital stress:

- Separation Date: _____
- Divorce Date: _____
- Remarriage Date: _____
- Other Date: _____

2. Hospitalization or serious illness:

- Parent/Caretaker For what: _____ Date: _____
- Sibling For what: _____ Date: _____
- Other family member For what: _____ Date: _____

3. Death:

- Family member Who: _____ Date: _____
- Close friend Who: _____ Date: _____
- Other Who: _____ Date: _____

4. Family move(s):

- From: _____ To: _____ Date: _____
- From: _____ To: _____ Date: _____

5. Work-related problems:

- Who: _____ Describe: _____ Date: _____
- Who: _____ Describe: _____ Date: _____

6. Financial problems:

- Describe: _____ Date: _____

7. Key family member separation from the family: (i.e., sibling, parent, etc.)

- Who: _____ Describe: _____ Date: _____
- Who: _____ Describe: _____ Date: _____

8. Problems with alcohol and/or other drugs:

- Who: _____ Describe: _____ Date: _____
- Who: _____ Describe: _____ Date: _____

9. Additional family crises or difficulties:

- Describe: _____ Date: _____
- Describe: _____ Date: _____

COUNSELING / THERAPY:

Often, people in the family (besides the child applying to Wediko) have sought some type of professional counseling or therapy. If this applies, please describe below:

1. Entire family Yes No Date/Duration: _____

Primary issues: _____

2. Couple Yes No Date/Duration: _____

Primary issues: _____

3. Mother/Caretaker Yes No Date/Duration: _____

Primary issues: _____

4. Father/Caretaker Yes No Date/Duration: _____

Primary issues: _____

5. Other family members Yes No

Name(s): _____ Date/Duration: _____

Primary issues: _____

Name(s): _____ Date/Duration: _____

Primary issues: _____

CURRENT ADJUSTMENT:

From your point of view, what are the child's best qualities?

1. _____

2. _____

3. _____

From your point of view, what are the child's most serious problems?

1. _____

2. _____

3. _____

CHILD'S STRENGTHS:

At Wediko, knowing the areas in which children excel is essential to providing effective treatment and education. Identifying your child's strengths helps Wediko place him/her in the most appropriate group. Please rate the degree to which the child displays each of the following strengths.

0 = Not at all descriptive 1 = Slightly descriptive 2 = Fairly descriptive 3 = Highly descriptive

- | | | | | | | | | | |
|---|---|---|---|------------------------------|---|---|---|---|---------------------------------------|
| 0 | 1 | 2 | 3 | Easygoing temperament | 0 | 1 | 2 | 3 | Persists at solving problems |
| 0 | 1 | 2 | 3 | Sense of humor | 0 | 1 | 2 | 3 | Works independently |
| 0 | 1 | 2 | 3 | Fine motor skills | 0 | 1 | 2 | 3 | Age-level capacity for planning |
| 0 | 1 | 2 | 3 | Reads social cues accurately | 0 | 1 | 2 | 3 | Age-level ability to calm/soothe self |
| 0 | 1 | 2 | 3 | Average or above average IQ | 0 | 1 | 2 | 3 | Advanced gross motor skills |
| 0 | 1 | 2 | 3 | Capacity for connectedness | 0 | 1 | 2 | 3 | Age-level moral development |
| 0 | 1 | 2 | 3 | Stable mood | 0 | 1 | 2 | 3 | Positive relationships with adults |
| 0 | 1 | 2 | 3 | Hopeful future orientation | 0 | 1 | 2 | 3 | Positive relationships with peers |
| 0 | 1 | 2 | 3 | Special talents: _____ | | | | | |

RISK FACTORS / BEHAVIORAL ISSUES:

At Wediko, we are particularly concerned about certain problematic behaviors. Information about these behaviors is essential for group placement decisions and individual treatment planning. Below you will find a list of some of these problem behaviors. Please rate the degree to which the child displays each of the following behaviors. Using this scale, write in one number for each item:

0 = Not at all descriptive 1 = Slightly descriptive 2 = Fairly descriptive 3 = Highly descriptive

- | | | |
|-------------------------------|----------------------------|---|
| _____ Aggressive outbursts | _____ Fire setting | _____ School suspensions |
| _____ Alcohol/drug abuse | _____ Gang involvement | _____ Self-injurious behavior or threats |
| _____ Attachment difficulties | _____ Harms animals | _____ Sexualized behavior |
| _____ Retreats into fantasy | _____ Stimulus seeking | _____ Early sexual activity |
| _____ Bedwetting | _____ Defies authority | _____ Soiling (encopresis) |
| _____ Stealing | _____ Suicidal ideation | _____ Obsessive/compulsive behavior |
| _____ Court involvement | _____ Sleeping disorders | _____ Verbal attacks
(racial and sexual insults) |
| _____ Daytime wetting | _____ Poor hygiene | _____ Rapid shifts in mood |
| _____ Eating disorders | _____ Runs away | _____ Tics |
| _____ Weapon incidents/use | _____ Poor reality testing | |

RESPONSE TO INTERVENTIONS:

Please rate how well the following statements describe this child's response to parenting interventions. Use this scale:

0 = Not at all descriptive 1 = Slightly descriptive 2 = Fairly descriptive 3 = Highly descriptive

- | | |
|--|--|
| _____ Can discuss family issues. | _____ Can take responsibility for mistakes. |
| _____ Can discuss peer relations. | _____ Can show remorse or guilt. |
| _____ Can discuss school issues. | _____ Is invested in achievement. |
| _____ Can discuss feelings of self-worth. | _____ Is able to work independently. |
| _____ Can discuss feelings toward significant others. | _____ Has serious academic problems. |
| _____ Can recognize how his/her behavior affects others. | _____ Is able to work effectively in small groups. |
| _____ Can identify choice points in stressful situations. | _____ Is willing to participate in new activities. |
| _____ Can remember sequences of events accurately. | _____ Is able to cope in age-appropriate ways with transition times. |
| _____ Can recognize that other people in family have problems. | _____ Can remember conversations about important problems. |

GOALS AND RECOMMENDATIONS:

What problems would you like your child to work on?

1. _____
2. _____
3. _____

For parents of children returning to Wediko: Do you have any comments and/or suggestions?

Person or agency who will pay the tuition:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ - _____ - _____

I certify that to the best of my knowledge, the information in this application is complete and correct.

Printed name of person or persons who completed this form: _____

Signature: _____ Date: _____

**Please return to:
Wediko Admissions
72-74 E. Dedham St.
Boston, MA 02118**