



Dear Teacher:

The enclosed Teacher Form is necessary for a child to be considered for Wediko's residential programs. Although we realize the burden of additional paperwork, your completed materials will help us evaluate the child for admission, formulate initial educational and treatment plans, and prepare final recommendations at the end of the program.

It would be particularly helpful if you included the latest intelligence and achievement scores for the applicant. Please also enclose any other reports or materials that would help us better understand this child.

**Please note that Wediko must receive a copy of the current *Individualized Education Plan (IEP)* for any student who receives special education services.**

After we receive your completed forms – along with the Parent and Therapist materials – we will arrange an interview for the child and his or her parents. **No child can be interviewed until all parts of the application have been received.**

Please forward the Teacher Form as soon as it is completed to:

Wediko Admissions  
72-74 East Dedham Street  
Boston, MA 02118  
Fax: 617-292-9275

Thank you for your time and cooperation in completing this material. Please call us at 617-292-9200 if you have any questions or comments.

Sincerely,

Harry W. Parad, Ph.D.  
Executive Director

Patrick Ryan; LICSW, MBA  
Director of Admissions & Development

Kathryn Walsh; M.Div., LCSW  
Admissions

Enclosure: Teacher Form

**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](http://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 – Teacher Form

© Wediko Children's Services

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

APPLYING TO:

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

BACKGROUND INFORMATION:

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth (Month, Day, Year): \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Grade in school: \_\_\_\_\_

Teacher's name: \_\_\_\_\_ School phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School name: \_\_\_\_\_ Street address: \_\_\_\_\_

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

EDUCATIONAL PLACEMENT INFORMATION:

Full-time mainstream classroom setting?  Yes  No

Does student receive special education services?  Yes  No

If yes, % time in special needs class: \_\_\_\_\_

Special education prototype, if appropriate: \_\_\_\_\_

Teacher-to-student ratio: \_\_\_\_\_ Years at present school: \_\_\_\_\_

Days student was absent from school this year: \_\_\_\_\_ Has student been suspended this year?  Yes  No

If yes, please explain: \_\_\_\_\_

If student is being considered for a new educational setting or school after Wediko, please give the name, address, and reason for the change:  
\_\_\_\_\_  
\_\_\_\_\_

Please summarize previous special education services that the child has had to date.

1. School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for services: \_\_\_\_\_

2. School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for services: \_\_\_\_\_

(Please summarize any additional special education services on an additional sheet.)

**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 the 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<br>(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 school-based 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.           |

**EDUCATIONAL PLAN:**

The information requested in this section is necessary for basic curriculum planning and admissions decisions.

**Assessment**

Please provide the most recent assessment scores. This information is required for the application to be considered.

Intelligence

Achievement

Test: \_\_\_\_\_

Test: \_\_\_\_\_

Full scale IQ: \_\_\_\_\_

Reading: \_\_\_\_\_

Verbal IQ: \_\_\_\_\_

Writing: \_\_\_\_\_

Performance IQ: \_\_\_\_\_

Math: \_\_\_\_\_ Science: \_\_\_\_\_

Date given: \_\_\_\_\_

Date given: \_\_\_\_\_

**Academic Objectives**

Estimate of present grade level functioning in: Reading \_\_\_\_\_ Math \_\_\_\_\_

Please list educational objectives and current texts from which the student is working:

Math objectives

Current text & chapters / Recommended materials

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Reading/Writing objectives

Current text & chapters / Recommended materials

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Other objectives

Current text & chapters / Recommended materials

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Learning Difficulties**

Please indicate any specific learning difficulties and/or disabilities:

- Auditory Processing / Comprehension
- Cognitive Deficits
- ADD/ADHD
- Reading
- Visual Processing / Comprehension
- OT Services
- Social Skills Deficits
- Writing
- Speech / Language Deficits
- Tactile Defensiveness
- Math
- Other: \_\_\_\_\_

Please describe instructional strategies that have been helpful / not helpful: \_\_\_\_\_

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

**CLASSROOM MANAGEMENT STRATEGIES**

Please use this space to indicate helpful strategies for managing this student in class. You might include additional information about: structuring the environment, attending to emotional needs, instructional strategies, and/or optimal group composition. Please also indicate if you have identified approaches that are not successful with this student.

- Short break/ Time Out in classroom
- Short break/ Time Out OUT of classroom
- Classroom-wide behavioral management
- Immediate reinforcements / Consequences
- Tangible rewards
- Small group instruction
- Physical proximity of adult
- Other: \_\_\_\_\_
- Problem solving by thinking aloud
- Have student repeat instructions
- Identify and rehearse social skills
- 1:1 instruction
- Physical movement tasks (passing out papers, etc)
- Drawing, use of manipulatives
- Computer time

Person or persons who completed this form: \_\_\_\_\_

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*Governed by ethical standards set by the American Psychological Association, all of the above information remains confidential.*