



Dear Therapist:

The enclosed Therapist 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 treatment plans, and prepare final recommendations at the end of the program.

After we have received your completed forms – along with the Parent and Teacher 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 materials have been received.**

Any other reports or evaluation materials that you feel are important to understanding this child would be greatly appreciated. Please forward the Therapist 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: Therapist 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

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



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Boston, MA 02118
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Child Application – Therapist 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): _____ -- _____ -- _____ Sex: Male Female

Therapist's name: _____ Phone: _____

Agency name: _____

Street address: _____

City: _____ State: _____ Zip: _____

When was the child initially referred to you? _____

What were the presenting problems?

1. _____
2. _____
3. _____

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. _____

CURRENT ADJUSTMENT (CONTINUED) :

Please list family events that you think have been important to the child. Examples include changes in marital or work status, deaths or other losses, moving to a new home, hospitalizations.

EVENT	DATE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Have you discussed the above events with the child and/or the family in therapy?

Yes No If no, please explain: _____

Will there be any changes in the child's living situation or school setting after the summer ends?

Yes No Maybe

If yes or maybe, please describe changes being considered: _____

Please summarize any therapy in which the child has participated to date.

1. Therapist: _____ Agency: _____ Date: _____
Reason for termination: _____

2. Therapist: _____ Agency: _____ Date: _____
Reason for termination: _____

Is anyone else in the family currently participating in therapy? Please describe below:

Family member(s): _____ Dates: _____

Type of therapy: Individual Group Family Couple Consultation Other

Contact professional/agency: _____

Family member(s): _____ Dates: _____

Type of therapy: Individual Group Family Couple Consultation Other

Contact professional/agency: _____

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
(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 the child's response to therapy. 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. |

Please add any other information which you consider important to helping Wediko develop an effective treatment plan.

**Please return to:
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Boston, MA 02118
Fax: 617-292-9275**

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