Dear Parent:

This packet contains application materials for the Wediko Summer Program. Once the completed Parent Form, Therapist Form, and Teacher Form, and related Permission to Secure and Release Information forms are received, the admissions team will contact you to schedule an interview.

Please answer all questions as thoroughly and openly. The more you share about your family, the more Wediko can help your student.

In order for the application process to proceed efficiently, we request that you encourage your student's teacher and therapist to complete and submit their Wediko paperwork as soon as possible so that an interview can be scheduled.

Wediko takes the confidentiality of our clients very seriously. Therefore we require that you complete Authorizations for Release and Secure of Information for each clinical or school professional, medical provider, educational consultant, or other individual with whom you would like us to speak with about your student. There are two forms that you need to complete and sign for each professional you'd like for us to speak with. The Authorization for Release of Information form allows Wediko employees to communicate with the agency and provider that you indicate. The Permission to Secure Information form allows the agency and provider to share relevant information with us. Please print additional copies of pages 10 and 11 as needed.

Additionally, if there are any other reports or evaluations (IEP's, psychological testing, etc.) which may be helpful in understanding your student, please forward them to the admissions team.

If you have any questions about the admissions process or would like assistance with any of the application materials, please contact the admissions team.

Please forward the Parent Form and related materials to:

Wediko Summer Program Admissions
72-74 East Dedham Street
Boston, MA 02118
Fax: 617-292-9272

We thank you for your time and consideration.

Sincerely,

Mik Oyler
Director, Wediko Summer Program

Enclosure: Parent Application Form, Authorization for the Release of Information
Student Application – Parent Form
© Wediko Children’s Services

APPLYING TO:

☐ The Wediko Summer Program

STUDENT INFORMATION:

Student’s name: ____________________________________________________________   Sex: ☐ Male  ☐ Female
Age: ______   Date of birth (Month - Day - Year): ______  --  ______  --  ______   Height: _______  Weight: _______
Student’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 student lives with:    ________________________________________________
Age: ______   Occupation: __________________________   Student’s legal guardian: _____ yes          _____no
Home phone:       __  __  __ - __  __  __ - __  __  __  __               Cell phone:       __  __  __ - __  __  __ - __  __  __  __
Work phone:       __  __  __ - __  __  __ - __  __  __  __                E-Mail: ____________________________________
Second parent or caretaker’s full name that student lives with:  ______________________________________________
Age: ______   Occupation: __________________________   Student’s legal guardian: _____ yes          _____no
Home phone:       __  __  __ - __  __  __ - __  __  __  __               Cell phone:       __  __  __ - __  __  __ - __  __  __  __
Work phone:       __  __  __ - __  __  __ - __  __  __  __                E-Mail: ____________________________________
Are parent(s)/caretaker(s): ☐ Married  ☐ Separated  ☐ Divorced  ☐ Single (Never Married)
☐ Other (describe):  ______________________________________________________
If applicable, please describe visiting arrangements ______________________________________________________
Who does the student 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 student’s life.
Agency: ___________________________________________   Worker: ____________________________________
Address: _______________________________________   City: ___________________   State: _________   Zip: _______
Since (referral date): ___________________________________________   Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

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Revised: 3/23/2016
MEDICATION:

Is your student on medication? ☐ Yes ☐ No

Physician’s name: _____________________________ Phone: __ __ __ - __ __ __ - __ __ __ __ __

1. Drug: __________________________ Dosage: ______________ Reason: ______________
2. Drug: __________________________ Dosage: ______________ Reason: ______________
3. Drug: __________________________ Dosage: ______________ Reason: ______________

SCHOOL INFORMATION:

Student’s current school name: __________________________________________________________

Phone: __ __ __ __ - __ __ __ __ __ __ __

Contact person: _________________________________________ Role: __________________________

Address: ___________________________________ City: ______________ State: _____ Zip: ______

Will there be any changes in the student’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 student:

☐ 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Town / State</th>
<th>Frequency of visitation</th>
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Revised: 3/23/2016
CURRENT DIAGNOSIS:

Please list the child’s current diagnoses: _______________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

HISTORY:

At what age did the student first show signs that s/he might have special needs? What were the issues identified?
1.  Age:  _________  Problem:  __________________________________________ ________________________
2.  Age:  _________  Problem:  __________________________________________ ________________________
3.  Age:  _________  Problem:  __________________________________________ ________________________

Please describe any times the student 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 student 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: ___________________  □ Remarriage  Date: ___________________
   - □ Divorce  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 student 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 student’s best qualities?

1. __________________________________________________________________________________________
2. __________________________________________________________________________________________
3. __________________________________________________________________________________________

From your point of view, what are the student’s most serious problems?

1. __________________________________________________________________________________________
2. __________________________________________________________________________________________
3. __________________________________________________________________________________________
STUDENT’S STRENGTHS:

At Wediko, knowing the areas in which students excel is essential to providing effective treatment and education. Identifying your student’s strengths helps Wediko place him/her in the most appropriate group. Please rate the degree to which the student 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 student 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 (including racial and sexual insults)
_____ Daytime wetting  _____ Poor hygiene  _____ Rapid shifts in mood
_____ Eating disorders  _____ Runs away  _____ Tics
_____ Weapon incidents/use  _____ Poor reality testing
THE MODIFIED OVERT AGGRESSION SCALE (MOAS)*

INSTRUCTIONS
Rate the student's aggressive behavior over the past week. Check all and as many items as are appropriate.

**Verbal aggression**
0 No verbal Aggression
1 Shouts angrily, curses mildly, or makes personal insults
2 Curses viciously, is severely insulting, has temper outbursts
3 Impulsively threatens violence toward others or self
4 Threatens violence toward others or self repeatedly or deliberately

**Aggression against Property**
0 No aggression against property
1 Slams door, rips clothing, urinates on floor
2 Throws objects down, kicks furniture, defaces walls
3 Breaks objects, smashes windows
4 Sets fires, throws objects dangerously

**Autoaggression**
0 No autoaggression
1 Picks or scratches skin, pulls hair out, hits self (without injury)
2 Bangs head, hits fists into walls, throws self onto floor
3 Inflicts minor cuts, bruises, burns, or welts on self
4 Inflicts major injury on self or makes a suicide attempt

**Physical Aggression**
0 No physical aggression
1 Makes menacing gestures, swings at people, grabs at clothing
2 Strikes, pushes, scratches, pulls hair of others (without injury)
3 Attacks others, causing mild injury (bruises, sprain, welts, etc.)
4 Attacks others, causing serious injury


The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit*. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.
RESPONSE TO INTERVENTIONS:

Please rate how well the following statements describe the student’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 the student to work on?

1. _______________________________________________________________________________________

2. _______________________________________________________________________________________

3. _______________________________________________________________________________________

For parents of students 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: ______________________
PERMISSION TO SECURE INFORMATION

Client/Student Name_____________________________________  Date of Birth_____________________

Wediko staff requesting information________________________________________________________

Information to be obtained for the purpose of providing clinical services to the client named above.

INFORMATION TO BE OBTAINED

Information to be obtained about the client’s treatment may include sensitive medical and personal information. Please talk with the therapist or with an administrator if you want to understand more about the information being requested.

[ ] verbal communication

[ ] written summary(s) for the dates from ______________________to___________________________

[ ] psychopharmacological evaluations for the dates from ________________ to ___________________

[ ] medical records for the dates from _________________________to___________________________

[ ] assessments from ___________________________to_____________________________________

[ ] other (specify documents and dates)

AGENCY RELEASING RECORDS

Agency________________________________________________Phone___________________________

Address_______________________________________________________________________________

Provider(s)_____________________________________________________________________________

REVOCATION AND TIME LIMIT

I understand that this authorization is valid for one time only (for written records) or for one year (for verbal communication), unless canceled in writing by me before the material has been released to Wediko. I authorize the agency listed above to provide records to Wediko Children’s Services, and I agree to release Wediko, its officers, directors, employees, and associated professionals, clinicians, and therapists from any liability that arises from the use of this information in the treatment of the above-named client.

____________________________________________________ ____________________________
Signature of Parent/Guardian     Date

____________________________________________________ ____________________________
Signature of Client/Student over 18 years of age   Date

I indicate authorization for release of information regarding the following by my initials and signature:

_____ alcohol or drug treatment (MGL ch.111E § 18[a], MGL ch.111B § 11)

_____ HIV/AIDS diagnosis or treatment (MGL ch.111 § 70F)

_____ sexual assault treatment (MGL ch. 233 § 20J)

______________________________________________________  ______________________________
Signature of Parent/Guardian or Student over 18 years of age           Date
AUTHORIZATION FOR RELEASE OF INFORMATION

Client/Student Name_____________________________________  Date of Birth_____________________

Information to be released for the purpose of providing clinical services to the client named above.

INFORMATION TO BE RELEASED
Information to be released about the client’s treatment may include sensitive medical and personal information. Please talk with the therapist or with an administrator if you want to understand more about the information being released.

[     ]  verbal communication
[     ]  written summary(s) for the dates from ______________________to___________________________
[     ]  psychopharmacological evaluations for the dates from ________________ to ___________________
[     ]  semester reports for the semesters from ______________________to__________________________
[     ]  neuropsychological testing dated ______________________________________________________
[     ]  other (specify documents)_____________________________________________ _______________

AGENCY TO RECEIVE RECORDS

Agency________________________________________________Phone___________________________
Address_______________________________________________________________________________
Provider(s)_____________________________________________________________________________

REVOCATION AND TIME LIMIT
I understand that I can change my decision to have this information released at any time unless the material has already been released by Wediko. This authorization is valid for one year after the date signed, unless otherwise canceled in writing by me prior to that time. I authorize Wediko to release the above indicated records to the agency listed above, and I agree to release Wediko, its officers, directors, employees and associated professionals, clinicians, and therapists from any liability that arises from the release of this information to any individual or facility listed above.

Signature of Parent/Guardian     Date
____________________________________________________ ____________________________
Signature of Client/Student over 18 years of age   Date
____________________________________________________ ____________________________

I indicate authorization for release of information regarding the following by my initials and signature:
_____ alcohol or drug treatment (MGL ch.111E § 18[a], MGL ch.111B § 11)
_____ HIV/AIDS diagnosis or treatment (MGL ch.111 § 70F)
_____ sexual assault treatment (MGL ch. 233 § 20J)

Signature of Parent/Guardian or Student over 18 years of age    Date
OPTIONAL: EEO-1 SELF-IDENTIFICATION FORM

In the last few decades, the demographics of our society have changed significantly. As a result, the Federal Government issued new race and ethnicity reporting categories which allow students and staff to describe who they are in a more accurate manner. This information is also used for funding and evaluation purposes, as well as civil rights compliance. Racial and ethnic data also aids in evaluating placement and program needs.

Submission of this information is voluntary and refusal to provide it will not subject the student to any adverse treatment.

This information will not be reported to any agency in a way that would identify the student. No one will check immigration status from the information you give here, nor will your student be discriminated against in any way. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Student’s Full Name: ___________________________________________ Date:___________________

Address: _______________________________________________________________________________________

City: ________________________ State: _____ Zip: ____________ Phone: __  __  __ -  __  __  __  - __  __  __  __

EEO-1 SURVEY

If you wish the student to be identified, please sign below and complete the survey:

Signed:__________________________________________                   Check one: ___ Male ___Female

ETHNICITY:

Is the student Hispanic or Latino? (please check one)

_____ No, the student is not Hispanic or Latino.

_____ Yes, the student is Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

RACE: IMPORTANT - Only complete this section if you checked "No, the student is not Hispanic or Latino" in the Ethnicity section above

What is the student’s race? Select ONE of the following categories:

_____ White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ Black or African American – A person having origins in any of the Black racial groups of Africa.

_____ American Indian/Alaskan Native A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ Two or More Races – All persons who identify with more than one of the above five races.