



Wediko Children's Services
72-74 East Dedham Street
Boston, MA 02118
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Student Application - Parent Form
© Wediko Children's Services

Date: _____

APPLYING TO:

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

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: _____

If applying to the Summer Program, 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:

Name	Age	Relationship	Town / State	Frequency of visitation

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: _____
- 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 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 | |

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: _____

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

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 categorie(s):

_____ **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 *rac*es.