



**Wediko Children's Services**  
72-74 East Dedham Street  
Boston, MA 02118  
Phone: (617) 292-9200  
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### Student Application – Therapist Form

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

#### APPLYING TO:

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

#### BACKGROUND INFORMATION:

Student 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 student initially referred to you? \_\_\_\_\_

What were the presenting problems?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### 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. \_\_\_\_\_

**CURRENT ADJUSTMENT (CONTINUED) :**

Please list family events that you think have been important to the student. 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 student and/or the family in therapy?

Yes  No If no, please explain: \_\_\_\_\_

Will there be any changes in the student'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 student 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: \_\_\_\_\_

**STUDENT'S STRENGTHS:**

At Wediko, knowing the areas in which students excel is essential to providing effective treatment and education. Identifying the 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<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 the student'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:

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