

Dear Parents or Guardians:

Thank you for your interest in the Summer Treatment Program (STP) at Judge Baker Children's Center (JBCC). Enclosed are forms that must be completed before we can determine the eligibility of your child for the STP. The list on the next page indicates which forms parents must complete and which forms must be completed by your child's classroom teacher.

***If the child's mother is not available to complete the forms, or if the child's mother is not a primary caretaker of the child, then the child's father, guardian, or other adult who serves as a primary caretaker should complete all forms. The same parent/person should complete all forms. If one parent strongly disagrees with a rating made by another parent, please use two different colored pens to indicate the different ratings and who made them. Please note that only a parent or legal guardian can apply for services at JBCC.**

Please sign and date the "Release of Information Request" and take it, along with the forms listed under "Teacher Must Complete," to your child's regular classroom teacher. If your child has more than one teacher, it may be useful to have each teacher complete a separate set of ratings (we can provide you with additional copies if necessary). If your child is in any kind of special class, it would be quite useful to have the forms completed by both the special education teacher and one of your child's regular teachers. Please ask the teacher to fill out the forms as completely as possible. The same teacher should complete the entire set of forms and mail them back to JBCC.

Please arrange to have these forms completed as soon as possible. We have enclosed a Parent Application Checklist on the next page to ensure that all materials are returned. Please complete this checklist and return it to us with your application materials. It would be wise to make a photocopy of all completed application materials before returning them to us just in case they get lost in the mail. You may also want to retain this letter for your files as it provides application process guidelines. Please return all forms in the addressed and stamped envelope that is enclosed. Materials may also be faxed to 617.232.8399.

Please note: Submission of materials does not guarantee acceptance into our program. Review of the application materials does not constitute an evaluation for our services. You will be contacted when all information has been received and reviewed by the director. If you or your child's teacher has any questions regarding the enclosed materials, please have them call Judge Baker Children's Center at (617)-278-4286. Thank you for your cooperation.

Sincerely,

Summer Treatment Program

Mailing Address:

**Judge Baker Children's Center
ATTN: Summer Treatment Program
53 Parker Hill Avenue**

Boston, MA 02120-3225

Parent Application Checklist

Child's Name: _____

Parent Forms

PLEASE NOTE: If the child's mother is not available to complete the forms, or if the child's mother is not a primary caretaker of the child, then the child's father, guardian, or other adult who serves as a primary caretaker should complete all forms. The same parent/person should complete all forms. If one parent strongly disagrees with a rating made by another parent, please use two different colored pens to indicate the different ratings and who made them. *Please note that only a parent or legal guardian can apply for services through JBCC.*

IMPORTANT: If your child receives medication to help him or her with attention or behavior, we recommend that they be completed about his or her behavior when he or she has not taken medication. Were these forms completed to reflect his or her unmedicated behavior? (Please check one)

- _____ The ratings reflect my child's behavior when he or she HAS NOT received medication.
_____ The ratings reflect my child's behavior when he or she HAS received medication.
_____ My child does not receive medication.

If ratings reflect medicated behavior, please explain why you cannot rate his or her unmedicated behavior:

Please indicate with an "X" in the appropriate space when each form is complete:

- _____ Information and Consent Form
_____ Client Information Form
_____ Contact Information Form
_____ Pittsburgh Modified Conners Parent Rating Scale
_____ Parent/Teacher DBD Rating Scale
_____ Narrative Description of Child – Parent
_____ Home Behavior Management Techniques
_____ Release of Information Request —Teacher

Teacher Forms: The Release of Information Form should be signed and forwarded to the school with the Teacher Forms. Please note the date that the forms were given to the teacher:

Please return all items when completed to:
Judge Baker Children's Center
ATTN: Summer Treatment Program
53 Parker Hill Avenue
Boston, MA 02120-3225

Client Information Form

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED.

Today's Date: _____ Child's Name: _____

Date of Birth: _____ Current Age: _____ Sex: Male Female

If child was adopted, age at adoption: _____

Child's Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Child's Race (please check multiple boxes if more than one applies):

- Black or African American
- White
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

Family Information

Please complete the following information about **the child's parental figures living in the home**. In the case of shared custody, please complete for all parental figures who share partial custody.

Parent 1:

Name: _____ Age: _____

Relationship

to the child:

- biological mother
- biological father
- adoptive mother
- adoptive father
- step mother
- step father

- grandmother
- grandfather
- aunt
- uncle
- other relation: please specify: _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latin

Race (please check multiple boxes if more than one applies):

- Black or African American
- White
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

Highest Educational Level: _____

Occupation: _____

Marital status:

- Single, never married
- Living with a partner
- Married
- Separated
- Divorced
- Widowed

How often does this parent figure see the child?

- Lives with the child
- 5-7 days/weeks
- 2-4 days/week
- once a week
- 1-3 days/month
- every 2-3 months
- once a year
- less than once a year

Parent 2:

Name: _____

Age: _____

Relationship

to the child:

- biological mother
- biological father
- adoptive mother
- adoptive father
- step mother
- step father

- grandmother
- grandfather
- aunt
- uncle
- other relation: please specify: _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latin

Race (please check multiple boxes if more than one applies):

- Black or African American
- White
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

Highest Educational Level: _____

Occupation: _____

Marital status:

- Single, never married
- Living with a partner
- Married
- Separated
- Divorced
- Widowed

How often does this parent figure see the child?

- Lives with the child
- 5-7 days/weeks
- 2-4 days/week
- once a week
- 1-3 days/month
- every 2-3 months
- once a year
- less than once a year

Parent 3:

Name: _____

Age: _____

Relationship

to the child:

- biological mother
- biological father
- adoptive mother
- adoptive father
- step mother
- step father

- grandmother
- grandfather
- aunt
- uncle
- other relation: please specify: _____

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latin

Race (please check multiple boxes if more than one applies):

- Black or African American
- White
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

Highest Educational Level: _____

Occupation: _____

Marital status:

- Single, never married
- Living with a partner
- Married
- Separated
- Divorced
- Widowed

How often does this parent figure see the child?

- Lives with the child
- 5-7 days/weeks
- 2-4 days/week
- once a week
- 1-3 days/month
- every 2-3 months
- once a year
- less than once a year

Parent 4:
Name: _____ Age: _____

Relationship to the child:

<input type="checkbox"/> biological mother	<input type="checkbox"/> grandmother
<input type="checkbox"/> biological father	<input type="checkbox"/> grandfather
<input type="checkbox"/> adoptive mother	<input type="checkbox"/> aunt
<input type="checkbox"/> adoptive father	<input type="checkbox"/> uncle
<input type="checkbox"/> step mother	<input type="checkbox"/> other relation: please specify: _____
<input type="checkbox"/> step father	_____

Ethnicity:

<input type="checkbox"/> Hispanic or Latino	Race (please check multiple boxes if more than one applies):
<input type="checkbox"/> Not Hispanic or Latin	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Highest Educational Level: _____ Occupation: _____

Marital status:

<input type="checkbox"/> Single, never married	How often does this parent figure see the child?
<input type="checkbox"/> Living with a partner	<input type="checkbox"/> Lives with the child
<input type="checkbox"/> Married	<input type="checkbox"/> 5-7 days/weeks
<input type="checkbox"/> Separated	<input type="checkbox"/> 2-4 days/week
<input type="checkbox"/> Divorced	<input type="checkbox"/> once a week
<input type="checkbox"/> Widowed	<input type="checkbox"/> 1-3 days/month
	<input type="checkbox"/> every 2-3 months
	<input type="checkbox"/> once a year
	<input type="checkbox"/> less than once a year

The following section should be filled out on the **biological mother** of the child, **if different from the information above**. Check here if unknown.

Parent's Name: _____ Age: _____

Ethnicity:

<input type="checkbox"/> Hispanic or Latino	Race (please check multiple boxes if more than one applies):
<input type="checkbox"/> Not Hispanic or Latin	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian/Alaska Native
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Highest Educational Level: _____ Occupation: _____

Marital status:

<input type="checkbox"/> Single, never married	How often does this parent figure see the child?
<input type="checkbox"/> Living with a partner	<input type="checkbox"/> Lives with the child
<input type="checkbox"/> Married	<input type="checkbox"/> 5-7 days/weeks
<input type="checkbox"/> Separated	<input type="checkbox"/> 2-4 days/week
<input type="checkbox"/> Divorced	<input type="checkbox"/> once a week
<input type="checkbox"/> Widowed	<input type="checkbox"/> 1-3 days/month
	<input type="checkbox"/> every 2-3 months
	<input type="checkbox"/> once a year
	<input type="checkbox"/> less than once a year

The following section should be filled out on the **biological father** of the child, **if different from the information above**.
 Check here if unknown.

Parent's Name: _____ Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latin Highest Educational Level: _____ Marital status: <input type="checkbox"/> Single, never married <input type="checkbox"/> Living with a partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Age: _____ Race (please check multiple boxes if more than one applies): <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Occupation: _____ How often does this parent figure see the child? <input type="checkbox"/> Lives with the child <input type="checkbox"/> 5-7 days/weeks <input type="checkbox"/> 2-4 days/week <input type="checkbox"/> once a week <input type="checkbox"/> 1-3 days/month <input type="checkbox"/> every 2-3 months <input type="checkbox"/> once a year <input type="checkbox"/> less than once a year
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Who has legal custody of the child? Please detail answer if the custody situation is not straightforward.

How did you learn about our program? _____

If parents are married, length of marriage: _____ If divorced/separated, length of time apart: _____

Number of previous marriages and their lengths for mother: _____ for father: _____

Child's Brothers and Sisters:

Number of Siblings: _____

Status (full, half, step)	Age	Sex	Date of Birth	Does this child have any behavioral or emotional problems? (Describe)

Other individuals living in the home and their relationship to the child:

Child Information

Current Grade: _____ Typical grades/marks in school (e.g., mostly A's, B's & C's): _____

Current type of placement: _____

(If the child is in a mixed-grade classroom, such as a special education class, please note the grade number, as well as the type of classroom. For example, Grade 3 - math and reading learning disabled classes)

Has your child ever been held back a grade in school? Yes No

If yes, please list grades and dates of retention: _____

Has your child ever been suspended or expelled from school? Yes No

If yes, please describe the incidents and when they occurred: _____

Please list your child's most recent intelligence/achievement testing including dates and results **(bring records at time of assessment)**:

Has your child ever had any of the following problems to your knowledge?

Diagnosis or Problem	Yes	No	Person who told you this and their position
Aggression	_____	_____	_____
Alternating Mania and Depression (Bipolar)	_____	_____	_____
Anxiety	_____	_____	_____
Attention Deficit Hyperactivity Disorder	_____	_____	_____
Autism	_____	_____	_____
Behavior or Discipline Problems at Home	_____	_____	_____
Behavior or Discipline Problems at School	_____	_____	_____
Conduct Disorder	_____	_____	_____
Depression	_____	_____	_____
Emotional Disturbance	_____	_____	_____
Hospitalized for Emotional Problems	_____	_____	_____
Jail or Probation Due to Problems w/ the Law	_____	_____	_____
Learning Disability or Dyslexia	_____	_____	_____
Learning Problems at School	_____	_____	_____
Mental Retardation	_____	_____	_____
Muscle Twitches or Motor Tics	_____	_____	_____
Nervous Breakdown	_____	_____	_____
Obsessive Thoughts or Compulsive Actions	_____	_____	_____
Oppositional Defiant Disorder	_____	_____	_____
Problems with Alcohol Use or Abuse	_____	_____	_____
Problems with Drug Use or Abuse	_____	_____	_____
Schizophrenia	_____	_____	_____
Suicide	_____	_____	_____
Tourette's Syndrome	_____	_____	_____
Trouble with the Law	_____	_____	_____
Other Psychological / Behavioral Problems	_____	_____	_____

Other _____

Comments: _____

Is your child **currently** receiving **medication** for behavior, emotional, or other psychiatric problems? Yes No

If yes, please fill in the information below. If the child takes more than one medication, please give this information for each one. (Please continue on back of form if additional space is needed.)

Medication and Dosage	Condition received for:	# times taken each day	# days/week taken (circle one)	How long on this medication?
			School-days, 7 days, School days + as needed	
			School-days, 7 days, School days + as needed	
			School-days, 7 days, School days + as needed	
			School-days, 7 days, School days + as needed	

Side effects (if any): _____

Prescribing physician: _____

Is your child **currently** receiving treatment **other than medication** from a psychologist, psychiatrist, pediatrician, or other professional for treatment of mental health, emotional, or behavior problems? Yes No

If yes, please describe the treatment below. Please include accommodations that your child's teacher or school is making for him or her (continue on back of form if necessary). Bring any assessment or treatment reports at time of assessment:

Treatment: _____

Problem: _____

Date begun: _____

Result of treatment: _____

Professional providing treatment: _____

Has your child **in the past** ever received **medication** for behavior, emotional, or other psychiatric problems?

Yes No

If yes, please fill in the information below. If the child took more than one medication, please give this information for each one. (Please continue on back of form if additional space is needed.)

Medication and Dosage	Condition received for:	# times taken each day	# days/week taken (circle one)	How long on this medication?
			School-days, 7 days, School days + as needed	
			School-days, 7 days, School days + as needed	
			School-days, 7 days, School days + as needed	
			School-days, 7 days, School days + as needed	

Side effects (if any): _____

Prescribing physician: _____

Has your child **ever in the past** received treatment **other than medication** from a psychologist, psychiatrist, pediatrician, or other professional for treatment of mental health, emotional, or behavior problems?

Yes No

If yes, please describe the treatment below. Please include accommodations that your child's teacher or school made for him or her (continue on back of form if necessary) (Bring any assessment or treatment reports at time of assessment):

Treatment: _____

Problem: _____

Date begun: _____ Date discontinued: _____

Result of treatment: _____

Professional providing treatment: _____

Is your child **currently** being treated or has he/she **ever been** treated for any physical illness or condition that required emergency treatment, hospitalization, or ongoing treatment?

Yes No

If yes, please briefly describe the condition, type and duration of treatment (including medication), and the treating physician's name.

If you are applying for the Summer Treatment Program or Saturday Treatment Program:

Does your child have any physical limitations or disabilities that would prevent or limit his/her participation in organized recreational activities? Yes No

If yes, please describe conditions and limitations in activity.

Does your child wear glasses or contact lenses? Yes No
Please describe your child's swimming ability: _____

The following ratings were made when my child (please check one)

_____ was on ADHD medication.

_____ was not on ADHD medication.

Pittsburgh Modified Conners Parent Rating Scale

Child's name: _____

Relationship to child: _____

Date completed: _____

INSTRUCTIONS: Listed below are items concerning children's behavior or the problems they sometimes have. Read each item carefully and decide how much you think the items describe your child at this time.

	Not at All	Just a Little	Pretty Much	Very Much
1. Fidgeting				
2. Hums and makes other odd noises				
3. Excitable, Impulsive				
4. Inattentive, easily distracted				
5. Fails to finish things he or she starts(short attention span)				
6. Quarrelsome				
7. Acts "smart"				
8. Temper outburst- behavior explosive and unpredictable				
9. Defiant				
10. Uncooperative				
11. Restless and overactive				
12. Disturbs other children				
13. Demands must be met immediately -- easily frustrated				
14. Cries often and easily				
15. Mood changes quickly and drastically				
16. Fights, hits, punches, etc.				
17. Is disliked by other children				
18. Frequently interrupts other children's activities				
19. Bossy: always telling other children what to do				
20. Teases or calls other children names				
21. Refuses to participate in group activities				
22. Is actively rejected by other children				
23. Is simply ignored by other children				

Overall, how serious a problem do you think your child has at this time?

NONE	MILD	MODERATE	SEVERE

Please feel free to include any additional comments on the reverse side of this rating scale.

Parent DBD Rating Scale

Child's name: _____

Relationship to child: _____

Date completed: _____

Check the column that best describes your child.

	Not at All	Just a Little	Pretty Much	Very Much
1. often interrupts or intrudes on others (e.g., butts into conversations or games)				
2. has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)				
3. often argues with adults				
4. often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)				
5. often initiates physical fights with other members of his or her household				
6. has been physically cruel to people				
7. often talks excessively				
8. has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)				
9. is often easily distracted by extraneous stimuli				
10. often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking), e.g., runs into street without looking				
11. often truant from school, beginning before age 13 years				
12. often fidgets with hands or feet or squirms in seat				
13. is often spiteful or vindictive				
14. often swears or uses obscene language				
15. often blames others for his or her mistakes or misbehavior				
16. has deliberately destroyed others' property (other than by fire setting)				
17. often actively defies or refuses to comply with adults' requests or rules				
18. often does not seem to listen when spoken to directly				
19. often blurts out answers before questions have been completed				
20. often initiates physical fights with others who do not live in his or her household (e.g., peers at school or in the neighborhood)				
21. often shifts from one uncompleted activity to another				
22. often has difficulty playing or engaging in leisure activities quietly				

(Continued)

	Not at All	Just a Little	Pretty Much	Very Much
23. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
24. is often angry and resentful				
25. often leaves seat in classroom or in other situations in which remaining seated is expected				
26. is often touchy or easily annoyed by others				
27. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand)				
28. often loses temper				
29. often has difficulty sustaining attention in tasks or play activities				
30. often has difficulty awaiting turn				
31. has forced someone into sexual activity				
32. often bullies, threatens, or intimidates others				
33. is often "on the go" or often acts as if "driven by a motor"				
34. often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
35. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)				
36. has been physically cruel to animals				
37. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
38. often stays out at night despite parental prohibitions, beginning before age 13 years				
39. often deliberately annoys people				
40. has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)				
41. has deliberately engaged in fire setting with the intention of causing serious damage				
42. often has difficulty organizing tasks and activities				
43. has broken into someone else's house, building, or car				
44. is often forgetful in daily activities				
45. has used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun)				

Narrative Description of Child -- Parent (IRS)

Child's name: _____

Form completed by: _____

Date completed: _____

Instructions: In the spaces below, please describe what you see as your child's primary problems in each area, both at home and at school. Also, please describe how your child's problems have affected each area and complete the rating at the end of each by marking an "X" on the lines at the points that describe how much the child's problems affect each area and *whether he or she needs treatment or special services for the problems* (see sample below).

Example:

No Problem Definitely does not need treatment or special services	_____ X _____	Extreme Problem Definitely needs treatment or special services
--	---------------	--

1a. How your child's problems affect his or her relationship with playmates.

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
--	-------	---

1b. Regardless of whether your child is popular or unpopular with peers, does he or she have a special, close "best friend" that he or she has kept for more than a few months?

YES NO

1c. How your child's problems affect his or her relationship with brothers or sisters
 (if no siblings, check here _____ and skip to #2)

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
--	-------	--

2. How your child's problems affect his or her relationship with you (and your spouse if present)

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
--	-------	--

(Continued)

3. How your child's problems affect his or her academic progress at school

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

4. How your child's problems affect his or her self-esteem

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

5. How your child's problems affect your family in general

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

6. Overall severity of your child's problem in functioning and overall need for treatment.

No Problem
Definitely does not
need treatment or
special services

Extreme Problem
Definitely needs treatment
or special services

Home Behavior Management Techniques

Parent name _____

Date Completed: _____

Please read each behavior management technique and check the box that indicates how often you use this technique to manage your child's behavior.

	I use this regularly	I use this sometimes	Might be worth trying	This would not fit well with my parenting	I tried this in the past but it did not work with my child
1. House rules Are these specific rules that have been reviewed with your child? YES NO Are these rules posted somewhere in your home? YES NO					
2. House structure (e.g., standard bedtime routine followed regularly)					
3. Ignoring minor inappropriate behaviors (e.g., fidgeting, complaining).					
4. Praising appropriate behaviors (e.g., "I like the way you're working quietly on your homework Tom.")					
5. Giving appropriate commands (e.g., "Bobby, stand quietly with your hands at your side" - appropriate vs. "Stop fidgeting" - inappropriate)					
6. Reprimands for inappropriate behavior (e.g., verbal reprimands)					
7. Homework assignment book (e.g., daily agenda)					
8. Daily Home Note from school					
9. Weekly Home Note from school					
10. Daily report card with target behaviors/goals and feedback on meeting the goals					
11. Weekly report card with target behaviors/goals and feedback on meeting the goals.					
12. Daily home-based rewards based on school behavior (e.g., Extra TV time per night if the child gets a good report from the teacher)					
13. Weekly home based rewards based on school behavior (e.g., trip to video arcade if teacher gives a good report for the week)					
14. Daily removal of privileges based on school behavior (e.g., No TV time per night if the child gets a bad daily report from the teacher)					
15. Weekly removal of privileges (e.g., child is not allowed participate in a special activity if the teacher gives a bad weekly report)					
16. Parent Training (e.g., parents receive instruction in behavioral child management strategies like time out, point systems) PLEASE LIST TOTAL NUMBER OF SESSIONS ATTENDED _____					
17. Help child complete homework					
18. If . . . then contingencies (e.g., <u>If</u> you finish your homework, <u>then</u> you may watch TV)					
19. Point or token reward system (e.g., child receives stickers for appropriate behavior and a reward is given once the child earns a certain number of stickers).					
20. Response-cost system (e.g., lose 5 minutes of computer time for each incomplete chore)					

(Continued)

	I use this regularly	I use this sometimes	Might be worth trying	This would not fit well with my parenting	I tried this in the past but it did not work with my child
21. Group contingencies (e.g., special activity for everyone if all children in the family behave, and the reward is withheld if even one child misbehaves)					
22. Time out (e.g., removed from ongoing activity for a specified period of time)					
23. Removal of privileges/grounding (e.g., can't watch TV because of misbehavior)					
24. Dietary restrictions (e.g., withhold sugars, food dyes, food additives, caffeine, specific foods, etc.)					
25. Dietary supplements (e.g., blue green algae, herbs, organic foods, etc.)					
26. Individual or small group social skills training					
27. Individual or small group counseling sessions or psychotherapy					
28. Perceptual/sensory stimulation (e.g., provide balls, toys, clay for child to use when exhibiting negative behaviors)					
29. Individual or small group play therapy sessions					
30. Individual or small group cognitive therapy (e.g., teaching the child to self-monitor, self-evaluate, and self-control)					
31. Spanking					
32. Family therapy (e.g., parents and child both present at therapy session at the same time)					
33. Other (Please describe)					
34. Does this child have a 504 Plan?	YES NO DON'T KNOW				
35. Does this child have a Individualized Education Plan (IEP)?	YES NO DON'T KNOW				

36. To what extent do you find interacting with this child a pleasant experience? Very pleasant 0 1 2 3 4 5 6 Very unpleasant

*****Parents – Please complete this release and give it to your child’s primary teacher with the Teacher Application packet.*****

RELEASE OF INFORMATION AUTHORIZATION

Child’s Name:	Date of Birth:
JBCC Contact Name:	

Principal’s Name:
Teacher’s Name:
School:
Address:
City/State/Zip:
Telephone:

I hereby authorize Judge Baker Children's Center to send a summary of my contacts* to the above named professional or professional agency.

Signed: _____
Parent or Guardian

I hereby authorize Judge Baker Children's Center to request a report of my contacts* from the above named professional or professional agency.

Signed: _____
Parent or Guardian

Signed: _____
JBCC
Staff

*Contacts include test results, general performance impressions, other observations of client’s behavior, relevant medical information, school records.

NOTE: This form must be completed in full before any information will be exchanged