



CDH Educational Center

District Application for Admission

Referring School/ District Information		
Referring District	_____	
District Contact	_____	
	<i>Last</i>	<i>First</i>
		<i>M.I.</i>
Work Phone:	()	Email Address _____

Student Information		
Full Name:	_____	
	<i>Last</i>	<i>First</i>
		<i>M.I.</i>
Mother's Name	_____	Mother's Contact _____
Father's Name	_____	Father's Contact _____
Date of Birth	_____	<i>Grade</i> _____
Dx/ Eligibility	_____	<i>Current Placement</i> _____

Reason for Referral:

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Behavior excesses | <input type="checkbox"/> Speech and language concerns |
| <input type="checkbox"/> Sensory and OT concerns | <input type="checkbox"/> Due Process/ mediation | <input type="checkbox"/> Parent/advocate request |
| <input type="checkbox"/> Learning behavior concerns | <input type="checkbox"/> Other | |

Additional student needs required for placement:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1:1 support | <input type="checkbox"/> Small group instruction | <input type="checkbox"/> Transition plan |
| <input type="checkbox"/> FBA/ Behavior plan | <input type="checkbox"/> Crisis plan | <input type="checkbox"/> Health plan |
| <input type="checkbox"/> Nursing support | <input type="checkbox"/> Other: _____ | |

Documents attached:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Current IEP | <input type="checkbox"/> Most recent educational evaluation(s) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |