

EDUCATIONAL PLANNING AND COUNSELING SERVICES

MILITARY BOARDING SCHOOL

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME _____ AGE _____

CURRENT GRADE _____ GENDER _____ MALE _____ FEMALE _____

CURRENT SCHOOL _____

BRIEFLY TELL US WHY ARE YOU INTERESTED IN YOUR CHILD ATTENDING A MILITARY BOARDING SCHOOL _____

WHAT COUNTRY IS THE STUDENT FROM? _____

ARE THEY A LEGAL CITIZEN _____ YES _____ NO

ARE YOU AWARE OF THE QUALIFICATION FOR A STUDENT TO ATTEND A MILITARY BOARDING SCHOOL?

YES _____ NO _____ HAS YOUR CHILD EVER BEEN IN ROTC OR THE MILITARY? _____ YES _____ NO

WOULD THEY BE WILLING TO WEAR A MILITARY UNIFORM: PLEASE ELABORATE _____

HOW WOULD YOU DESCRIBE THEIR OVERALL HEALTH?

_____ EXCELLENT IN SHAPE _____ GOOD _____ NOT SO GOOD _____ AWFUL
_____ AT RISK: OVERWEIGHT. _____ UNDERWEIGHT

NUTRITIONALLY ARE THEY PREPARED TO EAT BALANCED MEALS?

DESCRIBE:: _____

WHAT INFORMATION HAVE YOU HEARD ABOUT A MILITARY BOARDING SCHOOL, WHICH LEADS YOU TO MAKING THIS DECISION?

HAVE YOU DISCUSSED WITH YOUR CHILD ABOUT ATTENDING A MILITARY BOARDING SCHOOL _____ YES _____ NO

WHAT MILITARY SCHOOL HAVE YOU BEEN LOOKING AT?

WHY DO YOU THINK YOUR CHILD IS QUALIFIED TO ATTEND THERE?

DID ANOTHER PROFESSIONAL SUGGEST ATTENDING A MILITARY BOARDING SCHOOL? YES OR NO AND EXPLAIN:

WHAT HAS BEEN YOUR CHILD'S RESPONSE?

_____ NOT INTERESTED _____ SOMEWHAT INTERESTED _____ VERY LITTLE INTEREST _____ NO INTEREST AT ALL

WHAT IS YOUR RELATIONSHIP TO YOUR CHILD?

ARE YOU THE STEP PARENT OR BIOLOGICAL PARENT _____ STEP _____ GUARDIAN

WHAT CHALLENGES HAVE YOU BEEN HAVING WITH YOUR CHILD?

_____ DISRESPECTFUL _____ TALKING BACK _____ SWEARING _____ THROWING TANTRUMS

DESCRIBE:

HAS THE LIVING ARRANGEMENT CHANGED OVER THE YEAR?

WHAT IS THE CURRENT LIVING ARRANGEMENT?

_____ LIVES WITH PARENTS _____ ADOPTED _____ LIVES WITH STEP PARENT AND _____ BIOLOGICAL PARENT _____ OTHER

DO THE PARENTS SHARE JOINT CUSTODY OF THE CHILD?

WHEN AND HOW?

WOULD YOU CONSIDER A MILITARY SCHOOL YOUR ONLY OPTION?

BRIEFLY DESCRIBE: THE MOST RECENT BEHAVIOR OF THE CHILD?

BRIEFLY DESCRIBE: WHETHER THEY ARE ON MEDICATION OR RECEIVE MEDICAL ATTENTION? DO THEY HAVE A PRIMARY DIAGNOSIS AND PHYSICIAN? WHOM? NAME AND ADDRESS PLEASE!

DESCRIBE?

HOW LONG HAS THIS CHILD HAD THIS PROBLEM? WHEN WERE THEY HOSPITALIZED?

DESCRIBE IN DETAIL WHAT STEPS YOU HAVE TAKEN TO ENCOURAGE INDEPENDENT LIVING AND ARE THEY ABLE TO LIVE INDEPENDENTLY:

BRIEFLY: TELL US WHAT HAPPEN?

WHAT CONCERNS DO YOU HAVE ABOUT THEM REMAINING IN THE HOME?

BRIEFLY DESCRIBE THEIR MOST RECENT EPISODE?

WHO HAD TO INTERVENE?

___THERAPIST _____LOCAL POLICE OR LAW ENFORCEMENT _____TRANSPORT
COMPANY _____FAMILY AND FRIEND_____ NEIGHBORS_____ OTHER
PROFESSIONALS _____TYPE OF PROFESSIONAL_____

HOW WOULD YOU CONSIDER YOU CURRENT CONDITION WITH YOUR CHILD?

SEVERE IMPAIRMENT _____MODERATELY IMPAIRED_____ MILDLY IMPAIRED_____
_____UNMANAGEABLE

DESCRIBE:

WAS THE DISABILITY WAS IDENTIFIED BY THE HOSPITAL? MENTAL ILLNESS _____

OTHER IMPAIRMENT_____

COGNITIVELY IMPAIRED_____ PHYSICAL IMPAIRED_____ MENTAL IMPAIRMENT
SENSORY IMPAIRED _____OTHER IMPAIRMENT:

DESCRIBE: _____

ARE YOU RECEIVING ANY ACCOMMODATIONS TO ADDRESS THIS PROBLEM? THROUGH A
STATE OR LOCAL AGENCY (DEPARTMENT OF EDUCATION OR HEALTH CARE AGENCY)

WHAT PROVIDER?_____

IS THE CHILD AN UNDERAGE MINOR ____YES ____NO?

HOW HAVE YOU BEEN HANDLING THESE CHALLENGES?

DO YOU BELIEVE THERE IS A NEED FOR THIS CHILD TO ATTEND A MILITARY SCHOOL OR
ANOTHER PROGRAM?

WOULD YOU CONSIDER THE ADVICE OF ANOTHER PROFESSION REGARDING ANOTHER PLACEMENT OPTION?

WOULD COST BE A DETERMINING FACTOR IN SERVICES _____ YES _____ NO _____
MAYBE _____

EXPLAIN: _____

HAVE YOU DISCUSSED YOUR CONCERNS WITH YOUR CHILD?

WHAT HAS BEEN THEIR RESPONSE?

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

WHAT IS YOUR CHILD'S INTELLECTUAL QUOTIENT? IQ _____ ?

WHAT WERE THE RESULTS: (IF NOT TAKEN PUT NONE)

SCORES:

RESULTS: _____

FINDINGS:

BRIEFLY TELL US WHETHER YOUR PLANS TO SEND THEM TO A SCHOOL PR PROGRAM HAVE BEEN CAREFULLY THOUGHT OUT OR DISCUSSED WITH THE BIOLOGICAL OR NON CUSTODIAL PARENT? (IF IT DOES NOT APPLY WRITE DOES NOT APPLY)

DO YOU HAVE A CASE WORKER OR THERAPIST?

WHOM:

DESCRIBE IN GREATER DETAIL: (ADDRESS CONTACT INFORMATION)

DID THEY EVER OFFER PROFESSIONAL ADVICE?

WHAT ADVICE DID THEY GIVE YOU

ARE YOU AWARE MOST MILITARY BOARDING SCHOOLS HAVE A CODE OF HONOR HAVE DIRECT ACCOUNTABILITY TO A COMMANDING OFFICER?

___YES ___NO

HOW WOULD YOUR CHILD RESPOND TO THIS TYPE OF ENVIRONMENT?

WOULD DISCIPLINARY ACTION BE CHALLENGING? __YES __NO

TO YOUR KNOWLEDGE HAS YOUR CHILD EVER USE OR EXPERIMENTED WITH DRUGS

___YES ___NO

EXPLAIN IN DETAIL:

HAS THERE BEEN ANY RELAPSE OR USE OF DRUGS RECENTLY

IF THE CHILD DOES NOT HAVE ANY SUBSTANCE ABUSE ISSUES, ARE THERE ANY MENTAL HEALTH ISSUE NOT MENTIONED:

DESCRIBE _____

EXPLAIN:

HAS YOUR CHILD EVER EXPERIENCED ANY TRAUMA OR EVENT WHICH HAS CAUSED YOU CONCERN? (LOSS OF FAMILY MEMBER, MOVED, CHANGE IN SCHOOLS)

DATE OF THE EVENT: _____ YEAR _____

HAS YOUR CHILD ENGAGED IN SELF DESTRUCTIVE BEHAVIOR? (THREATENING OTHERS, RUNNING AWAY, OR SEXUAL ACTING OUT)?

DESCRIBE YOUR CHILD'S LEVEL OF CONFIDENCE OR SELF ESTEEM?

DOES YOUR CHILD HAVE ANY LEARNING DIFFERENCES

DESCRIBE: _____

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

WHAT IS THE NATURE OF THEIR CONDITION? (AGITATED, RESTLESS, NOT SLEEPING, AND NOT EATING)

HOW LONG HAVE THEY BEEN IN THIS CONDITION? WHAT CARE WAS RECEIVED? WHERE?

WHO WAS THE DOCTOR: _____

MAY WE CONTACT THEM?

YES _____ NO _____

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

_____EXCELLENT _____GOOD _____NOT SO GOOD_____ VERY POOR

WHERE WOULD YOU BE MOST COMFORTABLE IN PLACING YOU CHILD AFTER COMPLETING A MILITARY BOARDING SCHOOL?

_____PUBLIC SCHOOL _____PRIVATE SCHOOL_____ BOARDING SCHOOL
_____CHARTER SCHOOL _____VOCATIONAL SCHOOL _____MILITARY COLLEGE

AGREEMENT

BY GIVING CONSENT THE PARENT SIMPLY AGREES TO ALLOW THE EDUCATIONAL CONSULTANT TO WORK ON BEHALF OF THE FAMILY IN A PLACEMENT OR SCHOOL OR PROGRAM.

PARENT SIGNATURE

FULL NAME/PLEASE PRINT

ARE YOU THE LEGAL GUARDIAN OR PARENT _____YES _____NO?

WHO IS THE LEGAL GUARDIAN _____?

DO YOU HAVE JOINT CUSTODY? _____

ADDRESS

CITY/STATE/COUNTRY/

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

PLEASE FAX THE FORM TO OUR FAX: 623 399-1010