

EDUCATIONAL PLANNING AND COUNSELING SERVICES

DRUG AND ALCOHOL TREATMENT PLACEMENT

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____ GRADE _____

SCHOOL PRESENTLY ATTENDING _____

CITY/STATE/COUNTRY _____ CITIZENSHIP _____

CURRENT GRADES ARE __EXCELLENT __AVERAGE __GOOD _____ POOR _____ FAILING

BRIEFLY DESCRIBE: YOUR CHILD'S MOST RECENT EXPERIENCE IN USING DRUGS:

DESCRIBE THE TYPES OF DRUGS YOUR CHILD IS USING ?

____ALCOHOL. ____STIMULANTS (SPEED) ____DEPRESSANTS ____HALLUCINOGENS

____ PRESCRIPTIVE DRUGS ____SEDATIVES ____ INHALANTS

TELL US WHEN YOU FIRST BECAME AWARE OF YOUR CHILD STARTED USING DRUGS?

WHAT INTERVENTION WAS PROVIDED? TYPE TREATMENT FACILITY HAS YOUR CHILD BEEN ADMITTED? ____HOSPITAL OR ____DRUG TREATMENT FACILITY

WHAT WAS THE LENGTH OF STAY _____

WHAT WAS THE
OUTCOME_____

DID YOUR CHILD RECEIVE ANY LEGAL OFFENSE FOR THEIR DRUG ABUSE. _____YES
____NO ____DON'T KNOW

POSSESSION OF ILLEGAL SUBSTANCES ____ TRAFFICKING ____ TRANSPORTING
SUBSTANCES WHAT WERE THE CHARGES?

HAS YOUR CHILD RECEIVED ANY OTHER RECOMMENDATION BEFORE THE OFFENSE?

YES ____NO____ DATE _____YEAR?

WHAT DO YOU BELIEVE WERE THE CHALLENGES THEY FACED IN SCHOOL PRIOR TO THEIR
USE OR DRUGS?

WHAT REASONS DID YOU GIVE FOR THEM MISSING SCHOOL OR NOT
ATTENDING?_____

CAN YOU IDENTIFY ANY FAMILY MEMBERS USING
DRUGS?_____

ARE ANY IN RECOVERY_____ HOW LONG _____

DO THEY HAVE A SPONSOR _____

ARE THEY ATTENDING NA OR AA? _____

WOULD YOU BE MORE COMFORTABLE IN THEM ATTENDING A TREATMENT PROGRAM?

HAVE YOU DISCUSSED THESE CHALLENGES WITH THEM? YES____ NO_____

WHAT WAS THEIR RESPONSE_____

WHAT DO YOU BELIEVE ARE THE CURRENT CHALLENGES FACED BY LIVING IN YOUR HOME?

ARE THEY WORKING OR ATTENDING SCHOOL? HAVE THEY EVER BEEN EXPELLED?

HAVE YOU DISCUSSED YOUR CONCERNS WITH YOUR CHILD?

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

WHAT IS THE MOST RECENT STATE SCHOOL TESTING SCORE OF YOUR CHILD:

ARE THEY AN INTERNATIONAL STUDENT ___ YES ___ NO

WHAT COUNTRY DID THEY ATTEND SCHOOL? _____

WAS TESTING PERFORMED ___ YES ___ NO ___ DON'T KNOW

RESULTS _____

WHAT ARE THE (SAT, ACT, OR SSAT SCORES) RESULTS: (IF NOT TAKEN PUT NONE)

SCORES:

RESULTS: _____

FINDINGS:

TELL US WHETHER YOU BELIEVE YOU CHILD HAS A PROBLEM?:

WHAT CHALLENGES DOES THIS PRESENT TO YOUR FAMILY ?

DESCRIBE IN DETAIL:

DO YOU HAVE A BACK -UP PLAN?

HOW WOULD YOU DESCRIBE YOUR CHILD'S LEVEL OF CONFIDENCE NOW?

WOULD YOU SAY YOUR CHILD HAS IMPROVED IN THE FOLLOWING AREAS ACADEMICALLY:

SIGNIFICANTLY IMPROVED ____ SOME IMPROVEMENT ____ AVERAGE _____ BELOW
AVERAGE _____ NO IMPROVEMENT _____

HOW WOULD YOU DESCRIBE YOUR CHILD'S LACK OF IMPROVEMENT?

NOT MATURE AT ALL _____ VERY MATURE _____ NEED IMPROVEMENT ____
STILL VERY POOR _____ EXTREMELY POOR

TO MY KNOWLEDGE, MY CHILD PRESENTLY USING DRUGS

____ YES ____ NO

EXPLAIN IN DETAIL:

HAS THERE BEEN A RELAPSE IN THEIR DRUG USE OR RETURN FROM PREVIOUS BEHAVIOR
WHICH YOU CAN EXPLAIN:

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

DATE OF THE EVENT: _____ YEAR _____

HAS YOUR CHILD ENGAGED IN SELF DESTRUCTIVE BEHAVIOR? (STEALING, LYING, AND NOT FOLLOWING DIRECTIONS, BEING OPPOSITIONAL, RUNNING AWAY).

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

DOES YOUR CHILD HAVE ANY LEARNING DIFFERENCES

DESCRIBE: _____

IS YOUR CHILD TAKING ANY PRESCRIPTIVE MEDICATION OR RECEIVING MEDICAL ATTENTION?

WHAT IS THE NATURE OF THEIR CONDITION?

HOW LONG HAVE THEY BEEN UNDER THIS CARE?

WHO WAS THE DOCTOR: _____?

MAY WE CONTACT THEM?

YES _____ NO _____

ADDRESS

CITY/STATE/COUNTRY

DO THEY HAVE A PHYSICIAN LIVING OUTSIDE THE US?

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

_____ EXCELLENT _____ GOOD _____ NOT SO GOOD _____ VERY POOR

WHERE WOULD YOU BE MOST COMFORTABLE IN PLACING YOUR CHILD AFTER LEAVING A THERAPEUTIC OR WILDERNESS?

____ PUBLIC SCHOOL ____ PRIVATE SCHOOL _____ BOARDING SCHOOL
____ CHARTER SCHOOL ____ VOCATIONAL SCHOOL _____ COLLEGE
____ THERAPEUTIC SCHOOL SETTING

WHAT ARE YOUR THOUGHTS ON A PLAN AT THIS POINT?

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: 623 878-6340