



## Application and Intake Form

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ Current Program: \_\_\_\_\_

District: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Reason for considering Orchard Academy: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Orchard Academy: \_\_\_\_\_

Student's Disability: \_\_\_\_\_

Outside agencies, therapies or services student receives: \_\_\_\_\_

\_\_\_\_\_

What areas does the student need to work on: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavior concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Orchard Academy will require a student's current IEP and 3 year re-evaluation, behavior plan (if necessary) and medical plan (if necessary) to evaluate if a student is appropriate for the program.

*Please mail to Orchard Academy, Attention: Amanda Hensley, School Social Worker*