

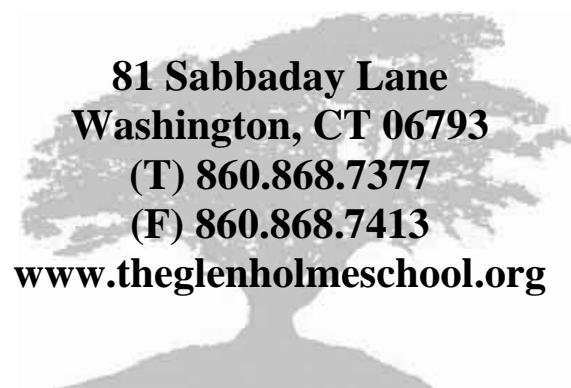


Devereux  
Established 1912

Attach Applicant's  
Photograph Here  
optional

# The Glenholme School

Established 1968



## Application for Admission

**Instructions:** Please complete application and return with fee to the Admissions Office.

**Application Fee:** \$50.00 to be enclosed with completed application.

It is our policy to admit all applicants without regard to race, religion, color, sex, age, sexual preference or national origin.

Completed by \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_

Rev. 1/12

**Confidential**

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



## Biographical Information

**Applicant's Name** \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Social Security \_\_\_ - \_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Citizenship \_\_\_\_\_ Religion \_\_\_\_\_

**Parents Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One: \_\_\_\_\_ Biological \_\_\_\_\_ Step-Parent \_\_\_\_\_ Adoptive

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Business Phone \_\_\_\_\_

**Parents Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One: \_\_\_\_\_ Biological \_\_\_\_\_ Step-Parent \_\_\_\_\_ Adoptive

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Business Phone \_\_\_\_\_

**Billing address if different than above:** \_\_\_\_\_  
Name

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Address to send reports (if different than above):**

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Relationship

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Confidential

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



## Treatment Expectations

Reason for Admission \_\_\_\_\_

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## Graduation Achievement Goal

Length of Stay as Estimated at Enrollment: \_\_\_\_\_

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### Graduation Plan:

- Return to Home
- Day/Boarding Private School
- Public School
- Graduate High School/Attend College
- Post Graduate Year
- Other, Please Specify: \_\_\_\_\_

Comments \_\_\_\_\_

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## Referral Source

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Organization / Company \_\_\_\_\_

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



## Problematic Behavioral Assessment

<b>Challenging Behaviors</b>	<b>Past</b>	<b>Present</b>	<b>N/A</b>	<b>Comments</b>
Disruptive Behaviors				
Easily Excitable				
Difficulty responding to authority				
Excessive Lying				
Tantrums / Raging Behaviors				
Stealing				
Court Involvement				
Property Destruction / Vandalism				
Fire Setting				
Cult Activity / Association				
Runaway Behavior				
Oppositionally Defiant				
Sexualized Behavior				
Self-Injurious Behavior				
Verbal Aggression				
Physical Aggression with Parent/Siblings				
School Refusal				
Cruelty to Animals				
Homicidal Ideation / Threats				
Suicidal Ideation / Threats				
Suicidal Attempt				
Suicidal Plan				
Access to Weapons				

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



<b>Challenging Behaviors</b>	<b>Past</b>	<b>Present</b>	<b>N/A</b>	<b>Comments</b>
Helpless Behaviors / Impassivity				
Regressive Behaviors				
Self Care Deficits				
Poor Social Skills				
Social Isolation				
Parent/Child Conflicts				
Poor Peer Relationships				
Dreams / Nightmares / Night Terrors				
Panic Attacks				
Confused / Disoriented				
Hopelessness				
Impulsivity				
Hyperactivity				
Attention / Concentration Problems				
Anxious Behaviors				
Mood Swings				

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



# Educational History

**Current Grade** \_\_\_\_\_

**Special Education Disability** (select only one):

- |   |   |
|---|---|
| <input type="checkbox"/> Not Classified                     | <input type="checkbox"/> Other Health Impairments |
| <input type="checkbox"/> Specific Learning Disability       | <input type="checkbox"/> Visual Impairments       |
| <input type="checkbox"/> Speech and Language Impairment     | <input type="checkbox"/> Hearing Impairments      |
| <input type="checkbox"/> Emotional / Behavioral Disturbance | <input type="checkbox"/> Developmental Delay      |
| <input type="checkbox"/> Autism Spectrum                    | <input type="checkbox"/> Unknown                  |

**Please forward educational records, transcripts and Individualized Educational Plan.**

<b>Grade(s) Start with most recent</b>	<b>Years Attended</b>	<b>Name / Location</b>	<b>Type of School, progress, reason for leaving</b>
_____			
_____			
_____			
_____			
_____			

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



## School Behaviors

<b>Challenging Behaviors</b>	<b>Past</b>	<b>Present</b>	<b>N/A</b>	<b>Comments</b>
No school problem behaviors				
Conflicts with Authority				
Physical Aggression with Teachers				
Leaving Seat without Permission				
Conflicts with Peers / Classmates				
Physical Aggression with Peers / Classmates				
Withdrawn				
Use of Profanity				
Disruptive Behaviors				
Poor Grades				
Repeated Grades				
Poor Attendance / Truancy				
Runaway				
Skipping Classes				
Destruction of Property				
Angry Outbursts and / or Tantrums				
Impulsive Speaking Out of Turn				
Verbally Aggressive				
School Refusal				
Other Behaviors (Please Specify)				

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



## Social Relationships

Does student seek friendships with peers? Yes / No / Unsure

Is student sought out by peers for friendships? Yes / No / Unsure

Is student considered: Leader / Follower / Isolative / Unsure

Does student interact primarily with people: Same Age / Younger / Older / Unsure

Describe any problems student may have with peers \_\_\_\_\_

How does student interact with other family members / care givers? \_\_\_\_\_

How does student interact with other adults and / or authority figures? \_\_\_\_\_

Does birth order have any impact on the student? Yes / No / Unsure

## Personal Relationships

Has student started dating? Yes / No / Unsure

Is student currently involved in a relationship with someone? Yes / No / Unsure

Is student currently, or has he/she ever been sexually active? Yes / No / Unsure

Are there any issues involving sexual activity/orientation that will affect treatment? Yes / No / Unsure

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



## **Significant Family Events / Comments**

Describe issues of loss and abandonment, moves and divorce/custody issues, foster care placements, marriages and children. Include description of significant deaths/bereavement issues including the social, spiritual, and cultural variables that influence the perception of grief by the client and/or family.

Family Constellation:

Siblings (Name and Age):

Cultural / Ethnic Concerns:

Financial Concerns:

Religious Beliefs / Spirituality:

Social Concerns:

Other Concerns:

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



## Social Training Needs

Check all areas that are problematic for the student:

- |   |   |
|---|---|
| <input type="checkbox"/> Assertiveness                | <input type="checkbox"/> Stress Management                        |
| <input type="checkbox"/> Coping Skills                | <input type="checkbox"/> Anger Management                         |
| <input type="checkbox"/> Communication Skills         | <input type="checkbox"/> Conflict Resolution                      |
| <input type="checkbox"/> Social Skills                | <input type="checkbox"/> Establishing / Maintaining Relationships |
| <input type="checkbox"/> Other (Please Specify) _____ |   |

## Community Resources

Please check any community resources utilized by your child / family

	Community Resources	Comments
<input type="checkbox"/>	No community resources utilized	
<input type="checkbox"/>	Community Mental Health Centers	
<input type="checkbox"/>	Day Treatment	
<input type="checkbox"/>	School / Educational Services	
<input type="checkbox"/>	Outpatient Therapy	
<input type="checkbox"/>	Psychiatric Medication Management	

## Prior Treatment History / Hospitalizations

No prior treatment history

Approx. Date or Age	Inpatient, Outpatient, or Day Treatment	Hospital Name	Approx. Length of Stay	Reason for Admission

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



### **EKG Statement**

Children enrolling to Devereux Glenholme must have a recent routine electrocardiogram (EKG). This must have an interpretation and a specific statement of normal, borderline, abnormal, and any other unusual findings. Our purpose in requiring this is two-fold.

First, many children are enrolled on psychiatric medications or may require them if clinically needed. These psychotropic medications can have cardiovascular risks that may be serious. For example, arrhythmias and sudden death are cardiovascular risks associated with stimulant medications such as Ritalin, Concerta, Adderall, Vyvanse, and Focalin, to mention just a few. Additionally, atypical neuroleptics, such as Risperdal and Geodon, have been shown to prolong the heart's QT/ QTc interval. Atypical neuroleptics also can affect blood values such as glucose, hormones, and liver enzymes.

Your child may be on these medications currently, and if so, we'd like to rule out the possibility that your child is experiencing or may be prone to experience any side effects. Also, as part of our routine psychopharmacological management, our psychiatrist needs to be aware of any existing abnormality before discussing and making medication recommendations with you.

Second, while Devereux Glenholme strives to avoid any physical management with children, in the unlikely event that this should be required for the safety of your child and/or others, we need to know if there are any cardiac issues which may be influenced or exacerbated by any physical management, and which might therefore preclude the use of these interventions.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

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



# Medical Information & History

## Current health status

Illness	Yes / No	Date / Year	Comments
Chicken Pox			
Measles			
German Measles			
Mumps			
Diphtheria			
Polio			
Scarlet Fever			
Whooping Cough			
Other (Please Specify)			
Tonsillectomy			
Tubes in Ears			

Date of last physical exam \_\_\_\_\_

Date of last dental exam \_\_\_\_\_

Date of last vision exam \_\_\_\_\_

**Please remember to bring a copy of the following:**

- \_\_\_\_\_ **Immunizations**
- \_\_\_\_\_ **Recent Physical Examination**
- \_\_\_\_\_ **Recent Dental Examination**
- \_\_\_\_\_ **Insurance Card**
- \_\_\_\_\_ **Prescription(s)**

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



## Medical Information & History

Has there been a marked change in the student's physical health? Yes / No

If Yes, Please describe: \_\_\_\_\_

Are there any pre-existing medical conditions or physical disabilities? Yes / No

### List current medical problems that are now under treatment

Condition	Doctor	Phone

### List current / past medications

Current Medication	Dose	Frequency	Times	Effective ?	Side Effects

Past medications:

\_\_\_\_\_

Of these, which were prescribed for behavioral / emotional reasons:

\_\_\_\_\_

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



# Medical Information & History

Please check the following that apply

Applicant has:	Yes No	Type	List Restrictions
<b><u>Allergies:</u></b>			
Food			
Environmental			
Medication			
Bee Allergies			
Epi-Pen Prescribed?			
Other Allergies			
Asthma			
Weight Issues?			
Dietary Restrictions			
Glasses / contacts			
Hearing Impairment			
Speech Impairment			
Seizures			
Active Seizures?			
Head Injuries			
Diabetes			
Hepatitis			
Cancer			
Skin Disorders			
Accidents			
Stitches/ Scars			
Physical Limitations			
Had anesthesia?			
Reaction			
Fractures / Broken Bones			
Encopresis / Enuresis			
Hospitalizations for illness			
Surgical Procedures			

Other: \_\_\_\_\_

\_\_\_\_\_

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



# Authorizations

## Services performed by Non-Glenholme Personnel

Emergency Treatment: I (we) recognize that an acute condition or illness might arise. In such circumstances I (we) do hereby authorize the hospitalization, surgical treatment, surgery and / or anesthesia of my (our) child (said applicant), if in the opinion of an attending physician, any or all thereof are warranted. I (we) hereby authorize any member of The Glenholme School's executive staff to execute the necessary consents thereto. I (we) understand that I (we) will be advised thereof as soon as possible and that the services of a qualified specialist will be used as the situation requires and allows.

Emergency Dental & Eye Care: Should emergency dental / eye care be needed, I (we) hereby authorize emergency treatment. I (we) understand that I (we) will be contacted by the school nurse as soon as possible.

Medical Examinations: I (we) authorize medical examinations such as neurological, orthopedic, endocrine, x-rays, and laboratory work which Glenholme physician(s) deem necessary for the evaluation and treatment of my (our) child.

\_\_\_\_\_  
Parent Initials

**Notice of campus security:** Please be advised that the school has instituted a motion surveillance system in outdoor common areas for purposes of student/faculty safety and security. This security system is operational 24 hours each day.

As the Parent/Guardian, I have read and understand this security measure.

\_\_\_\_\_  
Parent Initials

Permission to be **photographed** allows photographs or videos to be used with the understanding that identification will be by the first name only. These include publication within brochures, articles, videos, web site, or other professional media. More information can be found in the handbook. Please refer to handbook regarding the student yearbook.

Permission **is granted**  is not granted

\_\_\_\_\_  
Parent Initials

The Parents' Welcoming Committee has created a list of **current parent email addresses** for your use. You will receive this at enrollment. If you would like your name and email (to be taken from application information) to be included on this list, please grant permission.

Permission (mother) **is granted**  is not granted

Permission (father) **is granted**  is not granted

\_\_\_\_\_  
Parent Initials

Permission to **check** my daughter / son's belongings and person for contraband whenever deemed necessary by Glenholme staff. More information can be found in the handbook.

Permission **is granted**  is not granted

\_\_\_\_\_  
Parent Initials

Permission to participate in Glenholme's **Equestrian Program**. More information can be found in the handbook.

Permission **is granted**  is not granted

\_\_\_\_\_  
Parent Initials

Glenholme offers **Go-Cart** driving on our ¼ mile track. Students need to meet a minimum height requirement of 48 inches tall and will be required to pass a written and driving exam to receive "Glenholme Driver's License."

Permission **is granted**  is not granted

\_\_\_\_\_  
Parent Initials

Permission to participate in Glenholme's **Hi Ho Silver Challenge Ropes Course**. More information can be found in the handbook.

Permission **is granted**  is not granted

\_\_\_\_\_  
Parent Initials

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

# GENERAL AGREEMENT, TERMS AND CONDITIONS



1. For purposes of this Agreement the term "Student" includes the Child, Parent or Guardian as applicable.
2. Devereux will provide to the student room and board; prevocational, vocational or education services as appropriate; basic psychiatric and psychological services, and routine medical services as called for in the student's educational or treatment plan at the rate set forth.
3. Devereux is not responsible for transportation to and from Devereux, medical expenses, medical insurance premiums, personal or clothing expenses. These expenses are the responsibility of the Student, Parent or Guardian.
4. Any 1:1 staffing, special nursing or outside professional services are billed separately.
5. Clients with U.S. citizenship agree to pay all tuition and fees on a quarterly basis, in advance, in full, by the tenth calendar day of the pertinent month. Non U.S. citizens agree to pay all tuition and fees on a semi-annual basis, in advance, in full, by the tenth calendar day of the pertinent month. A late fee of one percent (1%), or the highest rate allowed by law, shall be assessed per month on any unpaid balance of the entire payment. All checks should be made payable to: Devereux Glenholme, 81 Sabbaday Lane, Washington, CT 06793. Clients understand and agree that tuition and fees shall not be reduced or refunded due to withdrawal, dismissal, or absence.
6. All pertinent fees may be adjusted by Devereux Glenholme School upon thirty (30) days written notice to Client. In the event of a change in program, Client agrees to pay the current program fee then in effect from the date of transfer.
7. In the event the student requires other services in the Devereux network, parent / guardian agrees to pay the current program fee then in effect from the date of transfer.
8. Clients agree to pay the program fee. No adjustments will be made to the fee for temporary or unauthorized absences such as weekends, holidays, vacations, hospitalizations, etc.
9. Parent / guardian authorizes Devereux or its agents to obtain any necessary personal, educational, medical or clinical information and to release said information to other professionals, healthcare facilities, school districts, insurance carriers, government agencies or other third parties as appropriate. Consents to and authorizes Devereux or its agents to administer, or to arrange for minor routine medical and dental care and emergency medical care as appropriate.
10. Devereux is not responsible for student's personal property that is lost, damaged or stolen. This specifically includes, but is not limited to, the student owned laptop computer. Student agrees to indemnify, defend and save Devereux harmless from any and all suits, claims and causes of action of any kind, including legal fees, arising out of the negligence of the Student.
11. Devereux may terminate this Agreement upon five (5) days written notice to Student. Devereux may terminate this Agreement without notice if the Student represents a threat to the property, the mental or the physical health or safety of Student or others, and failure to abide by treatment recommendation.
12. No modification of this Agreement, including this paragraph, shall be effective unless embodied in a written instrument signed by the parties hereto. No forbearance to enforce any provision of this Agreement or waiver of any breach hereof, shall be deemed a waiver of any other provision or right hereunder or any subsequent breach or default.
13. If any provision of the Agreement shall be deemed to be void or invalid in law or otherwise, then only that provision shall be stricken from this Agreement and in all other respects this Agreement shall be valid and continue in full force and effect.
14. This Agreement constitutes the entire understanding between the Parties as to the matters contained herein, and there are no terms, conditions, representations, guarantees, warranties or Agreements express or implied, oral or written of any nature whatsoever other than herein contained.
15. Devereux will not discriminate in its employment practices or in its admission decisions on the basis of race, color, nationality, ethnic origin, age, creed or sex. Devereux adheres to all state and federal laws regarding mandated reporting of abuse and neglect.
16. The laws of the State of Connecticut shall govern this Agreement.
17. Changes or modifications to these General Terms and Conditions require the signature of an authorized officer or designee of the Devereux Foundation.

**Disclosure Statement:** Your signature indicates complete agreement and understanding of the terms of this contract. Signature affirms the application has been completed truthfully, accurately, and not withholding of information regarding the applicant, the contents herein, and the guardian. Any untruths or withholding of information, known or unknown herein will jeopardize the acceptance of this agreement and forfeit all monetary and agreed upon fees.

**Applicant:**

**Admissions Representative:**

Parent / Guardian: \_\_\_\_\_

By: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Title: \_\_\_\_\_

Student (if appropriate): \_\_\_\_\_

## Do Not Sign Below For Administrative Use Only

The Parties having read and understood the above Agreement, and intending to be legally bound thereby, have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, and is approved by the Executive Administration of The Glenholme School.

\_\_\_\_\_  
Executive Director / Executive Administrator or Designee

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



## Student Application

Please use this application to tell us about yourself and those things that are important to you. Please write in your own handwriting. You may attach additional sheets of paper if necessary.

**Applicant's Name** \_\_\_\_\_

Nickname \_\_\_\_\_

- Why are you applying to the Glenholme School?  
\_\_\_\_\_
- What is your favorite food (s)? \_\_\_\_\_
- What are your favorite subjects in school? \_\_\_\_\_
- What are your least favorite subjects in School? \_\_\_\_\_
- Do you play a musical instrument?  No  Yes which? \_\_\_\_\_
- Indicate activities you have engaged in and have enjoyed?

<input type="checkbox"/> Crafts	<input type="checkbox"/> Boy/Girl Scouts	<input type="checkbox"/> Swimming
<input type="checkbox"/> Drama	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Archery
<input type="checkbox"/> Dance	<input type="checkbox"/> Creative Writing/Poetry	<input type="checkbox"/> Skiing/Snow Boarding
<input type="checkbox"/> Technology	<input type="checkbox"/> Cooking	<input type="checkbox"/> Basketball
<input type="checkbox"/> Video Games	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Lacrosse
<input type="checkbox"/> Choir/Chorus	<input type="checkbox"/> Community Service	<input type="checkbox"/> Tennis
<input type="checkbox"/> Photography	<input type="checkbox"/> Gardening	<input type="checkbox"/> Baseball
<input type="checkbox"/> Art	<input type="checkbox"/> Camping	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Yearbook	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hiking
<input type="checkbox"/> Reading	<input type="checkbox"/> Guitar	<input type="checkbox"/> Soccer
<input type="checkbox"/> Model Building	<input type="checkbox"/> Drumming	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Chess	<input type="checkbox"/> Keyboarding/Piano	
<input type="checkbox"/> Other: _____		

- Complete the following unfinished sentences to show your interests.

My greatest strength is: \_\_\_\_\_

My greatest weakness is \_\_\_\_\_

One success I had was \_\_\_\_\_

In the future I would like to \_\_\_\_\_



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

## Family Goals



The Glenholme School places a strong emphasis on the family and their involvement and commitment to the treatment process. Family involvement and support will assist in sustaining your child's social, emotional, behavioral and educational gains and will help build the foundation for his or her future.

Parents are expected to fully participate with the treatment process and the Glenholme program. This enhances and supports your child and family's accomplishments while at Glenholme. Throughout the year Glenholme offers many opportunities for you to be involved in order to be supportive to the treatment process. These are additional opportunities for learning new techniques that will benefit your child and your family.

Please respond to the following questions. Your responses will be reviewed by the Admissions Committee to assess family and child needs, as well as your commitment to the necessary partnership between your family and the Glenholme School.

1. Please describe your treatment expectations and goals for your child.
2. Describe your parenting style and any differences between parents/significant other. Describe how you will respond to feedback when presented with a change in – perception, personal behavior, attitude and home environment.
3. Was there ever a time in your child's previous educational experiences where you felt the school did not listen or cooperate with you. How did you manage this situation?
4. The Glenholme School provides many opportunities to be involved with Transfer of Treatment including family therapy, parent seminars, open houses, and campus events. How do you foresee your family becoming involved with these opportunities?
5. During your school search, how did you find the Glenholme School?

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

## Application Supplement Educational Consultant



\_\_\_\_\_ is working with the below listed educational consultant.  
Family/ Parent

Consultant /  
Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I / We agree to the sharing of information regarding any academic concerns, independent school selections, and in general an open relationship that would benefit my / our child. I / We hereby authorize our educational consultant to discuss test scores of any nature, grades, teachers' comments as well as issues of a more personal nature from therapists that might be helpful in the school selection process. Once the student has enrolled in the Glenholme School this release authorizes grade reports, comments, and test reports to be sent to our educational consultant as well.

It is understood that these reports or discussions will be used only in the furtherance of determining current and future academic plans for the above student. Such information will remain confidential and shall be used in a manner to insure the protection and safeguarding of all rights provided by law otherwise.

This authorization shall remain in effect until the student has matriculated in another school or until revoked by me in writing. A photocopy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date