



## Initial Screening Form

Thank you for your interest in Community Living Opportunities' North Star Academy. We are dedicated to helping individuals with special needs acquire the academic, social, vocational, and daily living skills they need for successful, productive, and fulfilling lives in the community. As such, our admissions process is designed to ensure a match between the needs of an applicant and the services offered by North Star Academy. This "Initial Screening Form" is the first step in that process.

If you have any questions while completing the form or would like to schedule a tour of our facilities, please contact the Director of North Star Academy by phone (785-218-9351) or email (NSAdirector@clokan.org). We look forward to working with you during the admissions process!

Sincerely,

Sarah C. Mead, EdM, BCBA  
Director, North Star Academy

### CHILD INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Custodial Parent / Guardian Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email\*: \_\_\_\_\_

\*By writing your email address here and signing below, you consent to receive communication regarding North Star Academy's admissions process, the information contained within this form, and the outcome of the review of this screening form by email at the email address provided.

## BRIEF MEDICAL HISTORY

Does your child have a history of any of the following?

(Circle any that apply and explain below)

Hearing impairment or deafness

Vision impairment or blindness

Physical impairment or limitation

Seizure disorder

Allergy

Dietary restriction

Chronic illness

Other medical concern

Please briefly explain here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child currently take any medications (prescription or over-the-counter) or supplements?

(Please list below. If necessary, you may attach additional pages.)

Medication or Supplement Name

For the treatment or management of...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BRIEF EDUCATIONAL HISTORY

What is your child's most recent educational placement (e.g., school, center, program)?

Placement Name: \_\_\_\_\_

Location: \_\_\_\_\_

What is your child's current home school district?

District Name: \_\_\_\_\_

State: \_\_\_\_\_

Does your child currently have an Individualized Education Plan (IEP)?

(Circle YES or NO)

YES

NO

If YES, when did the most recent IEP start? \_\_\_\_\_

Does your child require 1:1 support?  
(Circle YES or NO)

YES

NO

If YES, please explain: \_\_\_\_\_

Does your child currently receive any of the following services?  
(Circle any that apply)

Speech / Language Therapy

Physical Therapy

Occupational Therapy

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

## **BRIEF BEHAVIORAL HISTORY**

How does your child communicate?  
(Circle any that apply)

Talks / Speaks

Writes

Gestures

Uses sign language

Uses picture communication (e.g., PECS, iPad app)

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

Has your child received any alternative treatment(s) (e.g., floortime, auditory integration, chelation, etc.)?  
(Circle YES or NO)

YES

NO

If YES, please explain: \_\_\_\_\_

Does your child engage in any of the following forms of challenging behavior?  
(Circle any that apply)

Self-injurious behavior (e.g., hitting his/her head, picking his/her skin, etc.)

Physical aggression (e.g., biting, hitting, kicking, pulling hair, pinching, etc.)

Property destruction (e.g., breaking or destroying materials, throwing furniture, etc.)

Elopement (i.e., running or wandering away from caregivers)

Pica (i.e., ingesting inedible objects)

Rumination (i.e., regurgitating ingested food)

Food refusal

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

## **GENERAL SERVICE INFORMATION**

What services does your child receive currently?

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What led you to inquire at this time about services at North Star Academy?

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What services are required to meet your child's needs (e.g., assessment and treatment of challenging behavior, communication training, vocational training, self-care training, etc.)?

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What type of funding source would be responsible for paying for services provided by North Star Academy (e.g., insurance, school district, self-pay arrangement)?

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## STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_ (your name), am the legal parent or guardian of \_\_\_\_\_ (child's name) and am interested in learning if Community Living Opportunities' North Star Academy might be an appropriate placement option for my child.

By signing this "Initial Screening Form," I assert that the information contained within is accurate and may be used by North Star Academy's Admissions Committee to determine whether the needs of my child are a match with the services provided by North Star Academy. I understand that the submission of this form does not guarantee an offer of admission to North Star Academy nor does it constitute a complete application to North Star Academy. If I have included an email address above, I consent to receive communication regarding North Star Academy's admissions process, the information contained within this form, and the outcome of the review of this screening form by email to the email address provided.

If I have any questions about this form, the admissions process, or the services provided by North Star Academy or would like to schedule a tour of the facilities, I may contact the Director of North Star Academy by phone (785-218-9351) or email (NSAdirector@clokan.org).

\_\_\_\_\_  
Your Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

Please submit this "Initial Screening Form" to the Director of North Star Academy by any of the following methods.

*In-person or by postal mail:*

7725 W. 87<sup>th</sup> Street

Overland Park, KS 66212

*By email:*

NSAdirector@clokan.org

*By fax:*

"Attn: Director of North Star Academy"

877-246-2566

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**To be completed by North Star Academy:**

Date received: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Review outcome: \_\_\_\_\_

Date communicated to parent / guardian: \_\_\_\_\_