

**FOSTER YOUTH SERVICES COORDINATING PROGRAM
MERCED COUNTY OFFICE OF EDUCATION
632 W. 13th Street, Merced, CA 95341**

Educational Intake Form

For Students Residing in Short Term Therapeutic Placements (STRTP) and Resource Family Homes (RFA)

Please email completed form to Marielena Segura msegura@mcoe.org and CC Sandra Stevens sstevens@mcoe.org

Completed By: Date Completed:

I. BIOGRAPHICAL INFORMATION		
STUDENT INFORMATION		
Name:	DOB:	Age:
Current Grade:	Court Status:	
Court School:	Student Cell Phone:	
Placement Type:	Date of Current Placement: <input style="width: 60px; height: 20px;" type="text"/>	Student Email:
CURRENT SCHOOL INFORMATION		
School:	District:	Type of School:
Date of Enrollment:	Reason for Enrollment:	Total No. of Schools Attended:
Individualized Education Plan? (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expelled within last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT INFORMATION		
Education Rights Holder(s) (ERH): <input style="width: 150px; height: 20px;" type="text"/>	Relationship:	Phone:
JV 535 Form: <input type="checkbox"/> Yes <input type="checkbox"/> No Spanish Speaker: <input type="checkbox"/>	Address:	Email:
Current Caregiver (If Different): <input style="width: 150px; height: 20px;" type="text"/>	Relationship:	Email:
Spanish Speaker:	Address:	Phone:
County Social Worker:	Phone:	Email:
RFA/STRTP SW: <input style="width: 100px; height: 20px;" type="text"/>	Phone: <input style="width: 100px; height: 20px;" type="text"/>	Email: <input style="width: 100px; height: 20px;" type="text"/>
Attorney:	Phone:	Email:
Probation Officer:	Phone:	Email:
Public Defender:	Phone:	Email:
CASA:	Phone:	Email: