

Referral: Rockland Elementary Intensive Day Treatment Program
Page 2

4. Describe family cooperation/involvement. (Kept appointments, followed recommendations)

5. Identify any current community based services. Describe other programs involved. List medications.

6. Any Suspicion of neglect or physical, sexual, or substance abuse? Is CPS involved?

7. Describe academic plan following discharge from the IDT Program.

8. Any Medical Issues, Allergies, or physical limitations?
