

Getting to Know You Form



Child's Name: _____ '26-'27 Attending School: _____

Learning/Social/Developmental Conditions

Is your child seeing a licensed mental healthcare professional (i.e. therapist or counselor)? Yes _____ No _____

If yes, for what reason? _____

Does your child deal with the following?

Aggression Yes _____ No _____ Threatening Behaviors Yes _____ No _____ Emotional Outbursts Yes _____ No _____

Behavioral Problem in Schools Yes _____ No _____

If yes, please describe: _____

Does your child have an Individual Education Plan (IEP)? Yes _____ No _____

*If your child is on an IEP, Cardinal Place will request that the parent provide a copy of the IEP before the students start date. If a student requires 1:1 student support in the classroom or has a behavior plan in place, Cardinal Place must have a meeting with the family to determine the level of support that is needed. If it is determined that 1:1 support is required, Cardinal Place reserves the right to delay the student start date until a support staff can be hired. If it is determined that the student needs significant assistance beyond the program capabilities Cardinal Place reserves the right to suspend or discontinue programming.

Please indicate if your child has been diagnosed with any of the following:

ADD _____ ADHD _____ Anxiety _____ Autism Spectrum _____ Bipolar _____ Down Syndrome _____ Depression _____
Eating Disorder _____ EBD _____ OCD _____ ODD _____ Tourette's _____ Other _____

Does your child have an asthma action plan? If so, please provide a copy to Cardinal Place.

YES or NO (please circle one)

Is there any other information you would like us to know about your child? _____

I/We understand that students who participate in Cardinal Place are expected to be in a large group setting with reasonable accommodation. Behaviors that threaten the health, safety and/or well being of the other staff and students can result in suspension and/or expulsion from the program. These behaviors can include:

1. A behavior that takes away any person's right to feel and be safe.
2. Excessive use of name calling and foul language.
3. Running from staff or removing self from school grounds or property.
4. Any behavior involving purposeful destruction or theft of property.

Parent/Guardian Signature: _____