NEW HORIZONS YOUTH RANCH

6442 West Kootenai Road – Rexford, Montana – 59930
(406) 889-5996

Student Profile

The following questions are designed to assist us in working most effectively with your son and your family. Please take as much time as needed to complete them in their entirety. Feel free to continue your answers on an additional sheet of paper when needed.

Date: ________________________

Anticipated Date of Enrollment: ________________________

Escort Service Needed? No__________ Yes__________ If yes, why? ____

Run Away Risk? No Yes If yes, please explain: ____

____

SECTION 1: STUDENT & FAMILY INFORMATION

Students First Name: ______________________________________ Middle: ____

Last: ____ Nickname: ____

Age: _______ Grade: ______ Date of Birth: _________________________________

Eye Color: ___________ Hair Color: ___________ Height: ________ Weight: ________

Citizenship: ____________________________ SSN# ____

SECTION 2: STUDENT'S ACADEMIC RECORD

Highest grade completed: _______ Current GPA __________ Name, address of school child is currently or last attended:

School Name: ____

Address: ____

Telephone: _____________________________

What level of school is this? Middle School ___ High School ________

IQ ______ IQ Testing Date: __________________

Has your child ever been held back a grade? No___ Yes___

If yes, when did this happen and what was the reason? ____

How has this affected your child? ____

Has your child ever skipped a grade? No___ Yes___

If yes, when did this happen and what was the reason? ____

How has this affected your child? ____

Is the student behind in academic credits? No ___ Yes ___How far behind? ____

Is your child on a 504 Plan, or IEP? No ___ Yes ___ If yes, last updated: ____

Expulsions / Suspensions: No ___ Yes ___ When? ____

Why? ____

____

What kind of testing/evaluations has your child had within the last 6 months? ____

____

Are these available for review? ? No ____ Yes ____

What learning disabilities, if any, does your child struggle with? ______________________

When did you first become concerned about your child's school performance? ______________________

Favorite Subjects: ______________________

Least favorite subjects: ______________________

Awards/Honors: ______________________

Career or College Goals: ______________________

Interests, Skills, Talents, & Hobbies: ______________________

SECTION 3: FATHER'S INFORMATION

Name: ______________________

Social Security # ______________________

Street Address: ______________________

City: ______________________ State: ______________ Zip Code: ______________

Home Phone: ______________ Email: ______________________

Work Phone: ______________ Cell Phone: ______________________

Fax: ______________ Occupation: ______________________

Employer: ______________________

Stepmother's Name: ______________ How long in child's life? ______________________

Social Security # ______________ Email: ______________________

Work Phone: ______________ Cell Phone: ______________________

Fax: ______________ Occupation: ______________________

Employer: ______________________

SECTION 4: MOTHER'S INFORMATION

Name: ______________________

Social Security # ______________________

Street Address: ______________________

City: ______________________ State: ______________ Zip Code: ______________

Home Phone: ______________ Email: ______________________

Work Phone: ______________ Cell Phone: ______________________

Fax: ______________ Occupation: ______________________

Employer: ______________________

Stepfather's Name: ______________ How long in child's life? ______________________

Social Security # ______________ Email: ______________________

Work Phone: ______________ Cell Phone: ______________________

Fax: ______________ Occupation: ______________________

Employer: ______________________

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SECTION 5: LEGAL GUARDIAN'S INFORMATION (If not a parent)

Social Security # ___________________________________

Street Address: ____

City: ___________________________________ State: ____________________ Zip Code: _____________________________________

Home Phone: ___________________________ Email: ____

Work Phone: __________________________________ Cell Phone: ____

Fax: __________________________________ Occupation: ____

Employer: ____

Relationship to Child: ____________________________________ How long in child's life? _____________________________________

SECTION 6: FAMILY STATUS

Are parents divorced / separated? __________ If yes, when? ____

Are there any special circumstances? ____

Who has legal custody of the child? ____

Who has physical custody of the child? ____

What are the legal custody arrangements? ____

Can the non-custodial parent or other relatives have access to information about the child's treatment? No ___ Yes ___

If yes, please list their name and relationship to child: ____

Special Communication or Visitation Instructions: ____

SECTION 7: REFERRAL INFORMATION

How did you hear about New Horizon Youth Ranch?

Conference ________________________ Educational Consultant __________________ Internet Search _________________________

Other____

SECTION 8: OBJECTIVES

What specific event precipitated consideration of enrollment to a program? ____

____

What are your specific objectives for your son in a program? (i.e., anger adjustment, living arrangements, school, substance abuse assistance, therapy) ____

SECTION 9: CHILD / PARENT RELATIONSHIP

Describe the relationship of your son to you and other family members.

Relationship with **Father** at home and outside the home:

____

____

Relationship with **Mother** at home and outside the home:

____

____

Relationship with **Stepfather** at home and outside the home:

____

____

Relationship with **Stepmother** at home and outside the home:

____

____

Relationship with **Legal Guardian** at home and outside the home:

____

____

Describe your son's relationship with his siblings (including half and step siblings)

Name ___________________________ Age / Sex _______________

Type of Relationship at Home:

____

____

Additional people living in the home: ____

Any special circumstances? ____

Additional family information (i.e., significant family illnesses or issues) ______________________

____

Describe current concerns: ____

____

____

____

Has anyone in your family been incarcerated? No___ Yes___ If yes, please explain:

____

Have there been any physical confrontations between child and parent? If yes, please give detailed:

____

____

Is your son adopted? No ___ Yes ___ At what age? _____________

What this an out of country adoption? No ___ Yes ___ What country? ____

Were there any special circumstances? Explain: ____

____

Does adoption appear to be an issue? Explain: ____

____

____

What information do you have about the birth parents? ____

SECTION 10: EMOTIONAL CONCERNS

Describe any major traumatic changes or events in your child's life (abuse, death, injury, illness, rape, runaway experiences, etc):

____

____

Has your child witnessed domestic violence? Yes____ No____ If yes, please explain: ________________________________

____

Have there been any difficult moves to a new home or school? ____

____

Has your child ever heard voices or seen visual hallucinations? No___ Yes___

Describe the circumstances: ____

Has your child ever been hospitalized for psychiatric / psychological reasons and / or been diagnose with a mental disorder
(i.e. depression, PTSD, schizophrenia, suicide attempts)? No ___ Yes ___

Diagnosis: ____

Describe circumstances, dates, etc: ____

____

Has your child had any suicide attempts or ideation? No ___ Yes ___ Dates: ____

Describe circumstances: ____

____

Describe any history of bizarre or unusual behavior or self-harm: ____

____

Describe any depressive features, mood swings or periods of isolation: ____

____

____

Describe the way in which your child expresses anger: ____

____

____

Has your child ever held a paid or volunteer job? No___ Yes___ If yes, was it successful? No___ Yes___

Please list who your child worked for, when they held the job, what their responsibilities were and how long the job lasted:

____

Is your child bright but unmotivated? Explain: ____

____

Is your child insecure or lacking confidence? Explain: ____

Does your child have any special needs related to ethnic identity, nationality, race, religion or sexual orientation? Yes____ No____

If yes, please explain: ____

Is it important that your child be able to attend religious services on a regular basis? Yes____ No____

If yes, please give us some information: ____

SECTION 11: BEHAVIORAL CONCERNS

Describe any problems your son has had in the following areas: Trouble with the law; include any arrests or convictions?

No___ Yes___ If yes, please describe including dates: ____

____

____

Is your child currently on probation? No___ Yes___ If yes, please give the probation officer's name and phone number:

____

Does your child have any pending court dates? No___ Yes___ If yes, please describe:

____

____

Has your child displayed Aggressive or Violent behavior? No___ Yes___ If yes, please describe:

____

Is your child sexually active? No___ Yes___ If yes, please explain any inappropriate behavior:

____

Has your child been involved with Arson or other forms of Property Damage? No___ Yes___

If yes, please describe: ____

Cruelty to animals? No___ Yes___ If yes, please describe: ____

____

Delusional thoughts or experiences? No___ Yes___ If yes, please describe: ___________________________________

____

Eating Disorders? No___ Yes___If yes, please describe: ____

____

Excessive and/or inappropriate use of computer/video games, television, telephone. No___ Yes___

If yes, please describe: ____

____

Excessive Lying? No___ Yes___ If yes, please describe: ____

____

Running away? No___ Yes___ If yes please specify when, where, how long, and whether or not your child contacted you after running away: ____

____

Stealing? No___ Yes___ If yes, please describe ____

____

SECTION 12: PEER RELATIONSHIPS

Is your child involved in unhealthy peer relationships? No___ Yes___

Describe your son's friends and social relationships: ____

____

SECTION 13: SUBSTANCE ABUSE

To your knowledge, does your child smoke cigarettes? No___ Yes___ How often? ______________________________

____

To your knowledge has your child used or abused drugs and/or alcohol? No___ Yes___

If yes, please describe and indicate frequency of any use of alcoholic beverages or over the counter (OTC) and /or street drugs (cocaine, crystal, huffing, heroine, marijuana, meth, speed) by your child recently or in the past:

____

If yes, at what age did you know your son was abusing alcohol and drugs? ___________

Alone or socially? __________________ How often? ____

How much? ____

Are there other family members who have alcohol and/or drug problems? Explain:

____

Other family history /information that you feel is valuable: ____

____

SECTION 14: TREATMENT HISTORY - Interventions

Describe all professional and/or personal efforts that have been made to address your son's behavioral, emotional, or substance abuse problems (i.e. hospitalization, outplacement programs, placement programs, local public school programs, therapy, treatment programs, wilderness programs, etc.) Describe the most current treatment first, including addresses and telephone numbers.

Reason: ____

Contact: ____

Address: ____

City __________________________ State __________ Phone: ____

Frequency of visits: ____

Duration of treatment: ____

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Psychological Testing: Yes___ No___ Date last tested: ________ Is copy available for review? Yes___ No___

Are you attaching to this Intake now? No ___ Yes ___

Reason for testing: ____

Contact: ____

Address: ____

City _________________________ State __________ Phone: ____

Frequency of visits: ____

Duration of treatment: ____

Psychological Testing: Yes___ No___ Date last tested: ______ Is copy available for review? Yes___ No___

Are you attaching to this Intake now? No ___ Yes ___

If there were other interventions, please describe them below:

____

SECTION 15: MEDICAL HISTORY

Does your child currently have any health problems? No ___ Yes ___ If yes, please describe:

____

____

Does your child use an inhaler? ______ Type: ____

Please provide the date of the last physical exam and name/phone of that physician:

____

Please provide the date of the last dental examination: ____________

Does you child require corrected vision? No ___ Yes ___ Contacts ____ Glasses ____

Are they required for Reading ___ In the classroom ___ All the time ___

Does your child have any dietary restrictions? No ___ Yes ___ If yes, please describe these restrictions:

____

Has your son fathered a child? No ___ Yes___ If yes, what are the current circumstances:

____

SECTION 16: MEDICATIONS

Is your child taking any medications? No ___ Yes ___ Do you have a current 30 day supply? ____

Name of medication ______________________________ Dosage ______________________

Purpose ______________________________ Length of time on medication ______________

Name of medication ______________________________ Dosage ______________________

Purpose ______________________________ Length of time on medication ______________

Name of medication ______________________________ Dosage ______________________

Purpose ______________________________ Length of time on medication ______________

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Has your child been taking the medication(s) long enough for it to be stabilized? ____

Please explain your child's history with regards to medications (e.g., hordes, irregular resists, sells, etc.)

____

Has your child recently been taken OFF any medications? If yes, please explain types and circumstances:

____

Is your child allergic to any medications? No ___ Yes ___ If yes, please list medications:

____

Please indicate allergic reactions: ____

Are there any potential risks such as dehydration or irregular food intake associated with medications your child is taking, including prolonged exposure to the sun?

No ___ Yes ___ If yes please explain: ____

Are there any physical reasons why your child might have difficulty participating in our program? No ___ Yes ___

If yes, please explain: ____

Is your child current wearing braces or using a retainer? No ___ Yes ___ If yes, what needed follow up will need to be scheduled while in their program**?** ____

Is your child up to date on all vaccinations? No ___ Yes ___

Please check ALL that apply to your child:

__Acne
__ADD/ADHD
__AIDS/HIV Positive
__Alcohol chemical abuse
__Allergies
__Anemia
__Appendicitis
__Arthritis
__Asperger's Syndrome
__Asthma
__Back injuries
__Bedwetting
__Bipolar
__Birth defect
__Bladder/kidney infections
__Blood clots
__Bone conditions
__Bowel problems
__Brain injury
__Breast lumps
__Cancer
__Chemotherapy
__Chest pains
__Chicken pox
__Convulsions/seizures
__Coughing
__Cysts/tumors
__Depression
__Dermatitis
__Diabetes
__Difficulty lifting
__Difficulty sleeping
__Difficulty walking
__Drug abuse
__Dyslexia
__Eating disorder
__Eczema
__Epilepsy
__Fainting spells
__Fatigue
__Fetal Alcohol syndrome
__Frequent colds
__Frequent constipation
__Frequent diarrhea
__Frequent ear infections
__Gastro difficulties
__German measles
__Hay fever
__Headaches/migraines
__Hearing difficulties
__Heart trouble/disease
__Hepatitis
__Hernia
__High blood pressure
__High cholesterol
__Hives / skin allergies
__Hypoglycemia
__Impulse control disorder
__Knee or ankle injury
__Lupus
__Melanoma
__Meningitis
__Mental Condition
__Moles

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__Mononucleosis
__Mood disorder
__Mood swings
__Mumps
__Muscle weakness
__Neck injuries
__Neurological condition
__Obesity
__OCD
__ODD
__Pneumonia/bronchitis
__Polio
__Prosthetic devices
__PTSD
__RAD
__Respiratory condition
__Rheumatic Fever
__Scarlet Fever
__Scoliosis
__Seeing difficulties
__Seizures
__Sickle Cell Anemia
__Sleep apnea
__Sleep walking
__Speech difficulties
__STD's
__Stomach aches
__Sun sensitive
__Thyroid disease
__TMJ/jaw joint
__Ulcers
__Urinary tract infections
__Urination problems
__Venereal disease
__Whooping cough

___ Any other health information that is vital for us to know

____

____

If you child is currently using alcohol / drugs, is detoxification needed? _____No _____Yes

____

Immunization records must be received within one week of enrollment. Montana law requires evidence of immunizations or a medical or religious exemption.

Students without proper immunization records must be excluded from school attendance when records are not received within 30 days.

I certify that I/we have completed all of the information to the best of my ability.

______________________________________ ____________________
Parent/Guardian Signature Date

______________________________________ ____________________
Parent/Guardian Signature Date