



## Student-Family Profile

Person filling out this Form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

The Student Profile is an extremely important component of your daughter's enrollment at Gateway Freedom Ranch. Your answers to some of the following questions will contain practical information necessary for setting up your daughter's residence. Other answers will prove critical to our success helping your daughter work through her deeper physical, emotional and/or spiritual challenges. Finally, some answers will help us to work more effectively with your family. Please take as much time as needed to complete this form in its entirety. Please use additional sheets of paper where needed.

Anticipated Date of Enrollment: \_\_\_\_/\_\_\_\_/20 \_\_\_\_ (mm/dd/yyyy)

Escort Service Needed? No\_\_ Yes \_\_ If yes, please explain: \_\_\_\_\_

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

### **1. STUDENT PERSONAL INFORMATION**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Citizenship: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

What are your daughter's specific needs and strengths in the following areas?

#### **PHYSICAL**

Needs: \_\_\_\_\_

Strengths: \_\_\_\_\_

#### **FAMILIAL**

Needs: \_\_\_\_\_

Strengths: \_\_\_\_\_

**EDUCATIONAL**

Needs: \_\_\_\_\_

Strengths: \_\_\_\_\_

**SPIRITUAL**

Needs: \_\_\_\_\_

Strengths: \_\_\_\_\_

**SOCIAL**

Needs: \_\_\_\_\_

Strengths: \_\_\_\_\_

**PSYCHOLOGICAL**

Needs: \_\_\_\_\_

Strengths: \_\_\_\_\_

**2. STUDENT'S ACADEMIC RECORD**

Name of current or last school attended: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Counselor contact name: \_\_\_\_\_

What level of school is this? Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High \_\_\_\_\_

If enrolled in school, what is your daughter's current academic standing?

Failing \_\_\_\_\_ Below Average \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_

Your daughter's highest grade completed: \_\_\_\_\_ IQ: \_\_\_\_\_ IQ Test Date: \_\_\_\_\_  
Has your daughter ever been held back a grade? No \_\_\_ Yes \_\_\_ If yes, when did this happen and what was the reason? \_\_\_\_\_  
\_\_\_\_\_

How has being held back affected your daughter? \_\_\_\_\_  
\_\_\_\_\_

Has your daughter ever skipped a grade? No \_\_\_ Yes \_\_\_ If yes, when did this happen and what was the reason? \_\_\_\_\_  
\_\_\_\_\_

How has skipping a grade affected your daughter? \_\_\_\_\_  
\_\_\_\_\_

Is your daughter behind in academic credits? No \_\_\_ Yes \_\_\_ How far behind?  
\_\_\_\_\_

Is your daughter on a 504 Plan or IEP? No \_\_\_ Yes \_\_\_ (Please attach a copy of all evaluations regarding a 504 Plan or IEP) If yes, last date the Plan or IEP was updated: \_\_\_\_/\_\_\_\_/20 \_\_\_\_

Any particularly important IEP considerations we should know about up front?  
\_\_\_\_\_

Expulsions / Suspensions: No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_  
\_\_\_\_\_

Why? \_\_\_\_\_

What kind of testing/evaluations has your daughter had within the last 6 months? \_\_\_\_\_

Are these available for review? No \_\_\_ Yes \_\_\_

What learning disabilities, if any, does your daughter struggle with?  
\_\_\_\_\_

When did you first become concerned about your daughter's school performance? \_\_\_\_\_

Favorite Subjects: \_\_\_\_\_

Least favorite subjects: \_\_\_\_\_

Awards/Honors: \_\_\_\_\_

College or Career Goals: \_\_\_\_\_

Interests, Skills, Talents, & Hobbies: \_\_\_\_\_

**3. PARENT/GUARDIAN INFORMATION** (if deceased, note date and cause)

Also, strike through all that do not apply.

**EMERGENCY PHONE NUMBER (Other than parents):**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Biological, Step or Adoptive Father (circle one) WITH current custody

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long was/has this individual been involved in the girl's life? \_\_ yrs. \_\_ mos.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone H: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Biological, Step or Adoptive Mother (circle one) WITH current custody Name: \_\_\_\_\_

\_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long was/has this individual been involved in the girl's life? \_\_ yrs. \_\_ mos.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone H: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Biological, Step or Adoptive Father (circle one) WITHOUT current custody

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long was/has this individual been involved in the girl's life? \_\_ yrs. \_\_ mos.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone H: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Biological, Step or Adoptive Mother (circle one) WITHOUT current custody

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long was/has this individual been involved in the girl's life? \_\_ yrs. \_\_ mos.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone H: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Biological, Step or Adoptive Father (circle one) WITHOUT current custody

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
How long was/has this individual been involved in the girl's life? \_\_ yrs. \_\_ mos.  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone H: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Biological, Step or Adoptive Mother (circle one) WITHOUT current custody**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
How long was/has this individual been involved in the girl's life? \_\_ yrs. \_\_ mos.  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone H: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Legal Guardian, if not listed above under Biological, Step or Adoptive Parent**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
How long have you been involved in the girl's life? \_\_ yrs. \_\_ mos.  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone H: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**4. FAMILY STATUS**

Are parents divorced? \_\_\_ If yes, when? \_\_\_ *If divorced, please attach a copy of the custody order.*  
How old was the girl when the divorce took place? \_\_\_\_\_

Has the divorce been an issue for your daughter? How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_

Who has physical custody of the child? \_\_\_\_\_

What are the legal custody arrangements? \_\_\_\_\_  
\_\_\_\_\_

Are the non-custodial biological, step or adoptive parents permitted to have access to information about the child's treatment? No \_\_\_ Yes \_\_\_

If yes, please list their name(s) and relationship to child: \_\_\_\_\_

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Any past or current divorce/custody battles? \_\_\_\_\_

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Have parents remarried? \_\_\_\_ If yes, who and when? \_\_\_\_\_

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Has the remarriage been an issue for the child? \_\_\_\_\_

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Is your daughter currently living at home? If no, please explain: \_\_\_\_\_

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Is your daughter adopted? No \_\_\_\_ Yes \_\_\_\_ Adoption Date: \_\_\_\_\_

Did this adoption originate in the United States? No \_\_\_\_ Yes \_\_\_\_ If no, in what country did the adoption originate? \_\_\_\_\_

Were there any special circumstances with the adoption? Explain: \_\_\_\_\_

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Does your daughter know anything about her biological parents? \_\_\_\_\_

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Have the biological parents ever been involved? \_\_\_\_ If so, how and when? \_\_\_\_\_

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Does adoption appear to be a source of some of your daughter's struggles? Explain: \_\_\_\_\_

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What information do you have about the birth parents? \_\_\_\_\_

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Please list all prior out-of-home placements:

Placement: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20 \_\_\_\_

Placement: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20 \_\_\_\_

Placement: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20 \_\_\_\_  
Has your daughter or family had a history of relocation? \_\_\_\_ If yes, dates(s)  
and reason(s): \_\_\_\_\_

Effects on your daughter: \_\_\_\_\_

Special Communication or Visitation Instructions: (Note: please register your  
approved senders and recipients for mail to and from your daughter on  
Addendum A of the Enrollment Agreement.) \_\_\_\_\_

**5. REFERRAL - How did you hear about Gateway Freedom Ranch?**

Conference \_\_\_\_ Educational Consultant \_\_\_\_ Internet Search \_\_\_\_ Counselor \_\_\_\_  
Individual Referral Name: \_\_\_\_\_ Other \_\_\_\_

Placement Counselor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*If counselor is to receive progress reports, please authorize by signing the following:*

\_\_\_\_\_  
*Father/Guardian*                      *Mother/Guardian*                      *Date*

**6. OBJECTIVES**

What specific event(s) led you to consider enrolling your daughter in a program?

What objective(s) do you desire to accomplish by enrolling your daughter in a  
program? (For example: anger management, improved performance in school,  
substance abuse recovery, depression recovery, eliminating involvement with a  
destructive peer group, healing from a sense of abandonment, help with ADD,  
ADHD, or other diagnosed challenge, etc.)

What would you estimate to be an optimal length of stay for your daughter at  
Gateway Freedom Ranch? \_\_\_\_\_

How do you plan to be involved in your daughter's growth while at Gateway  
Freedom Ranch? \_\_\_\_\_

What is your daughter's view of being placed at Gateway Freedom Ranch? \_\_\_\_\_

\_\_\_\_\_

**7. PARENT / DAUGHTER RELATIONSHIP**

Describe the relationship of your daughter with specific family members.

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Describe your daughter's relationship with siblings. Include 1/2 and step siblings.

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Biological / Half / Step (circle one) Type of Relationship at Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your daughter's relationship with siblings. Include 1/2 and step siblings.

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Biological / Half / Step (circle one) Type of Relationship at Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Describe your daughter's relationship with siblings. Include 1/2 and step siblings.

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Biological / Half / Step (circle one) Type of Relationship at Home: \_\_\_\_\_

Describe your daughter's relationship with siblings. Include 1/2 and step siblings.

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Biological / Half / Step (circle one) Type of Relationship at Home: \_\_\_\_\_

Describe your daughter's relationship with other people in the home.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Describe any special circumstances in your home: \_\_\_\_\_

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

Describe current concerns at home: \_\_\_\_\_

Has anyone in your family been incarcerated? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Have there been any physical confrontations between daughter and parent or guardian? If yes, please explain: \_\_\_\_\_

**8. EMOTIONS**

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

Has your daughter witnessed domestic violence? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Has your daughter ever been physically abused? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Has your daughter ever been sexually abused? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Has your daughter ever been emotionally abused? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Has your daughter ever been psychologically abused? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Has your daughter ever been raped? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Has your daughter ever been classified as neglected by children/family services? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

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

Has your daughter ever heard voices or had visual hallucinations? No \_\_\_ Yes \_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your daughter ever been hospitalized for psychiatric or psychological reasons? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your daughter ever been diagnosed with a mental disorder, depression, PTSD, schizophrenia, suicide attempts, etc.? No \_\_\_ Yes \_\_\_ Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe circumstances, dates, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your daughter had any suicide attempts or paranoia? No \_\_\_ Yes \_\_\_  
Dates: \_\_\_\_\_  
Describe circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any history of bizarre or unusual behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any instances of depression, mood swings or periods of self-imposed isolation: \_\_\_\_\_

\_\_\_\_\_

Describe how your daughter expresses anger: \_\_\_\_\_

\_\_\_\_\_

Has your daughter ever held a paid or volunteer job? No \_\_\_ Yes \_\_\_

If yes, was it successful? No \_\_\_ Yes \_\_\_

For whom did your daughter work? \_\_\_\_\_

Duration of employment: \_\_\_\_\_ Years \_\_\_\_\_ Months

Job responsibilities: \_\_\_\_\_

Job performance: Poor: \_\_\_\_\_ Adequate: \_\_\_\_\_ Good: \_\_\_\_\_ Excellent: \_\_\_\_\_

Is your daughter bright but unmotivated? Explain: \_\_\_\_\_

\_\_\_\_\_

Is your daughter insecure or lacking confidence? Explain: \_\_\_\_\_

\_\_\_\_\_

Does your daughter have any special needs related to ethnic identity, nationality, race, religion or sexual orientation? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is it important that your daughter be able to attend religious services on a regular basis? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### **9. BEHAVIOR**

Describe any trouble your daughter has had with the Law. Include dates and any arrests and, if applicable, convictions. \_\_\_\_\_

\_\_\_\_\_

Is your daughter currently on probation? No \_\_\_ Yes \_\_\_ If yes, provide the Probation Officer's Name: \_\_\_\_\_ P.O.'s Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does your daughter have any pending court dates? No\_\_\_ Yes\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your daughter exhibit aggressive or violent behavior? No\_\_\_ Yes\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is your daughter sexually active? No\_\_\_ Yes\_\_\_ If yes, please explain any inappropriate behavior: \_\_\_\_\_

\_\_\_\_\_

Has your daughter been involved with Arson or other forms of intentional Property Damage? No\_\_\_ Yes\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Has your daughter had a history of self-mutilation? No\_\_\_ Yes\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your daughter exhibited cruelty to animals? No\_\_\_ Yes\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your daughter have delusional thoughts or experiences? No\_\_\_ Yes\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your daughter struggle with eating disorders? No\_\_\_ Yes\_\_\_ If yes, please list and describe: \_\_\_\_\_

\_\_\_\_\_

Does your daughter exhibit excessive and/or inappropriate use of computer/video games, television and/or telephone? No\_\_\_ Yes\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your daughter exhibit excessive lying? No\_\_\_ Yes\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Has your daughter ever run away? No\_\_\_ Yes\_\_\_ If yes please specify when, where, how long, and whether or not your daughter contacted you after running away: \_\_\_\_\_

Has your daughter ever stolen anything? No\_\_\_ Yes\_\_\_ If yes, please describe: \_\_\_\_\_

**10. SOCIAL HISTORY**

Please describe the personality of your daughter and how your daughter interacted with others during the following years:

Birth to six years old

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Seven to twelve years old

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Thirteen to current age

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Does your daughter make friends easily? \_\_\_ If no, explain: \_\_\_\_\_

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Does your daughter prefer to be alone? \_\_\_ If yes, explain: \_\_\_\_\_

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Does your daughter get along well with others? \_\_\_ If no, explain: \_\_\_\_\_

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Does your daughter have more friends: her own age: \_\_\_ older: \_\_\_ younger: \_\_\_

Does your daughter have more friends of the same sex or the opposite sex? \_\_\_\_\_

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Has your daughter recently changed friend groups or stopped hanging out with long-time friends? \_\_\_\_\_

Is your daughter involved in unhealthy peer relationships? No\_\_\_ Yes\_\_\_

Describe your daughter's friends and social relationships, be they healthy or unhealthy, and how you feel about them: \_\_\_\_\_

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**11. SUBSTANCE ABUSE**

Does your daughter smoke cigarettes? No\_\_\_ Yes\_\_\_ How often? \_\_\_\_\_

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Has your daughter used or abused alcohol and/or drugs? No\_\_\_ Yes\_\_\_ If yes, please describe and indicate frequency of any alcohol use or over the counter (OTC) and/or street drugs. Examples: heroin, cocaine, methamphetamine, crack cocaine, LSD, ecstasy, Opium, Marijuana, PCP, crystal meth, inhalants. \_\_\_\_\_

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At what age did you know your daughter was abusing alcohol and/or drugs? \_\_\_\_\_ years old

Did she abuse them alone or with others? (circle one)

How often did she abuse them? Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_

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

In what quantity did she abuse them? \_\_\_\_\_

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If your daughter is currently using alcohol and/or drugs, is detoxification needed? No\_\_\_ Yes\_\_\_ If yes, explain: \_\_\_\_\_

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

Explain: \_\_\_\_\_

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Other family history/information that you feel is valuable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**12. INTERVENTIONS (TREATMENTS AND/OR TESTING)**

Describe all professional and/or personal efforts that have been made to address your daughter's behavioral, emotional, or substance abuse challenges (i.e. hospitalization, outplacement programs, placement programs, local public school programs, therapy, treatment programs, wilderness programs, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Most Current Treatment or Intervention

Type of treatment: \_\_\_\_\_ Date last treated: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Reason for treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Result of treatment - did it work? : \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Frequency of visits (circle one): Daily ♥ Bi-weekly ♥ Weekly ♥ Monthly ♥ Other

\_\_\_\_\_

Duration of treatment: \_\_\_\_ Weeks / Months / Years (circle one)

Psychological or Psychiatric Testing

Type of testing: \_\_\_\_\_ Date last tested: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Reason for testing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is copy available for review? No\_\_ Yes\_\_ Are you attaching copy? No \_\_ Yes \_\_

Reason for testing: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

**If there were other treatments, interventions or testing, please describe them on a separate sheet, providing the information in the same format as above.**

**13. ORTHODONTICS/BRACES**

Is your daughter currently receiving orthodontic treatment at the time of her enrollment? Do you anticipate your daughter *beginning* orthodontic treatment at some point during her enrollment? If so, please sign the "Permission to Receive Orthodontic Treatment," Addendum H, in the Enrollment Agreement.

**14. MEDICATIONS**

Is your daughter currently taking any medications? No \_\_\_ Yes \_\_\_

Will your daughter be enrolled w/a 30-day supply of medication? No \_\_\_ Yes \_\_\_

Name of medication: \_\_\_\_\_ Doctor Prescribing: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How long on medication? \_\_\_\_\_

Reason for discontinuing if discontinued: \_\_\_\_\_

Side-effects manifested in your daughter: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Doctor Prescribing: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How long on medication? \_\_\_\_\_

Reason for discontinuing if discontinued: \_\_\_\_\_

Side-effects manifested in your daughter: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Doctor Prescribing: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How long on medication? \_\_\_\_\_

Reason for discontinuing if discontinued: \_\_\_\_\_

Side-effects manifested in your daughter: \_\_\_\_\_

Name of medication: \_\_\_\_\_ Doctor Prescribing: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How long on medication? \_\_\_\_\_

Reason for discontinuing if discontinued: \_\_\_\_\_

Side-effects manifested in your daughter: \_\_\_\_\_

Has your daughter been taking the medication(s) long enough for their effects on your daughter's body and behavior to be known? No \_\_\_ Yes \_\_\_ If no, please explain: \_\_\_\_\_

Please explain any medication-related issues your daughter has had (e.g., hoarding, resists taking medication, sells, fakes taking the medication, etc.)

\_\_\_\_\_  
\_\_\_\_\_



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

Is your daughter 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 daughter is taking, including prolonged exposure to the sun? No \_\_\_ Yes \_\_\_ If yes please explain: \_\_\_\_\_

**15. MEDICAL HISTORY**

Are there any know physical conditions that would prevent your daughter from participating in sports or physical education (PE) classes? \_\_\_ No \_\_\_ Yes If yes, please explain: \_\_\_\_\_

Does your daughter currently have any health problems? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Please list hospitalizations and surgeries in the past five years. Use another sheet if more space is needed.

Date: \_\_\_/\_\_\_/20\_\_\_ Hospital: \_\_\_\_\_

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

Reason for Hospitalization: \_\_\_\_\_

Does your daughter use an inhaler? No \_\_\_ Yes \_\_\_ Type: \_\_\_\_\_

Please provide the date of the last physical exam and name/phone of the physician: \_\_\_/\_\_\_/20\_\_\_ Name: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_ - \_\_\_\_\_

Please provide the date of the last dental examination: \_\_\_/\_\_\_/20\_\_\_

Does your daughter require corrective vision? No \_\_\_ Yes \_\_\_ If yes, choose one or both: Contacts \_\_\_ Glasses \_\_\_ NOTE: girls may only use contact lenses if they come with them to the Ranch.

Corrective vision is required for: Reading \_\_\_ In the classroom \_\_\_ At all times \_\_\_

Does your daughter have any dietary restrictions? No \_\_\_ Yes \_\_\_ If yes, please describe these restrictions: \_\_\_\_\_

Has your daughter ever been pregnant? No \_\_\_ Yes \_\_\_ If yes, what are the current circumstances: \_\_\_\_\_

Are there any physical reasons why your daughter might have difficulty participating in our program? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

**Please check ALL that apply to your daughter:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acne                    | <input type="checkbox"/> ADD/ADHD              | <input type="checkbox"/> AIDS/HIV Positive        |
| <input type="checkbox"/> Alcohol abuse           | <input type="checkbox"/> Allergies             | <input type="checkbox"/> Anemia                   |
| <input type="checkbox"/> Appendicitis            | <input type="checkbox"/> Arthritis             | <input type="checkbox"/> Asperger's Syndrome      |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Back injuries         | <input type="checkbox"/> Bedwetting               |
| <input type="checkbox"/> Bipolar                 | <input type="checkbox"/> Birth defect          | <input type="checkbox"/> Bladder infections       |
| <input type="checkbox"/> Blood clots             | <input type="checkbox"/> Bone conditions       | <input type="checkbox"/> Bowel problems           |
| <input type="checkbox"/> Brain injury            | <input type="checkbox"/> Breast lumps          | <input type="checkbox"/> Cancer                   |
| <input type="checkbox"/> Chemical abuse          | <input type="checkbox"/> Chemotherapy          | <input type="checkbox"/> Chest pains              |
| <input type="checkbox"/> Chicken pox             | <input type="checkbox"/> Convulsions/seizures  | <input type="checkbox"/> Cysts/tumors/growths     |
| <input type="checkbox"/> Deformity of any kind   | <input type="checkbox"/> Depression            | <input type="checkbox"/> Dermatitis               |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Difficulty lifting    | <input type="checkbox"/> Difficulty sleeping      |
| <input type="checkbox"/> Difficulty walking      | <input type="checkbox"/> Dizziness             | <input type="checkbox"/> Drug abuse               |
| <input type="checkbox"/> Dyslexia                | <input type="checkbox"/> Ear pain/Hearing loss | <input type="checkbox"/> Eating disorder          |
| <input type="checkbox"/> Eczema                  | <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Eye pain/discomfort      |
| <input type="checkbox"/> Fainting spells         | <input type="checkbox"/> Fatigue               | <input type="checkbox"/> Fetal Alcohol syndrome   |
| <input type="checkbox"/> Frequent colds          | <input type="checkbox"/> Frequent constipation | <input type="checkbox"/> Frequent diarrhea        |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Gastro difficulties   | <input type="checkbox"/> German measles           |
| <input type="checkbox"/> Hay fever               | <input type="checkbox"/> Headaches/migraines   | <input type="checkbox"/> Hearing difficulties     |
| <input type="checkbox"/> Heart disease           | <input type="checkbox"/> Heart trouble/disease | <input type="checkbox"/> Hepatitis                |
| <input type="checkbox"/> Hernia                  | <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> High cholesterol         |
| <input type="checkbox"/> Hives/skin sores        | <input type="checkbox"/> Hypoglycemia          | <input type="checkbox"/> Impulse control disorder |

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Indigestion                          | <input type="checkbox"/> Kidney infections    | <input type="checkbox"/> Knee or ankle injury   |
| <input type="checkbox"/> Lupus                                | <input type="checkbox"/> Melanoma             | <input type="checkbox"/> Meningitis             |
| <input type="checkbox"/> Mental Condition                     | <input type="checkbox"/> Moles                | <input type="checkbox"/> Mononucleosis          |
| <input type="checkbox"/> Mood disorder                        | <input type="checkbox"/> Mood swings          | <input type="checkbox"/> Mumps                  |
| <input type="checkbox"/> Muscle weakness                      | <input type="checkbox"/> Neck injuries        | <input type="checkbox"/> Neurological condition |
| <input type="checkbox"/> Obesity                              | <input type="checkbox"/> OCD                  | <input type="checkbox"/> ODD                    |
| <input type="checkbox"/> Orthodontic appliance                | <input type="checkbox"/> Orthopedic appliance | <input type="checkbox"/> Persistent coughing    |
| <input type="checkbox"/> Pneumonia/bronchitis                 | <input type="checkbox"/> Polio                | <input type="checkbox"/> Prosthetic devices     |
| <input type="checkbox"/> PTSD                                 | <input type="checkbox"/> RAD                  | <input type="checkbox"/> Rashes                 |
| <input type="checkbox"/> Respiratory condition                | <input type="checkbox"/> Rheumatic Fever      | <input type="checkbox"/> Scarlet Fever          |
| <input type="checkbox"/> Scoliosis                            | <input type="checkbox"/> Seeing difficulties  | <input type="checkbox"/> Seizures               |
| <input type="checkbox"/> Sickle Cell Anemia                   | <input type="checkbox"/> Sleep apnea          | <input type="checkbox"/> Sleep walking          |
| <input type="checkbox"/> Speech difficulties                  | <input type="checkbox"/> STD s                | <input type="checkbox"/> Stomach aches          |
| <input type="checkbox"/> Sugar in urine                       | <input type="checkbox"/> Sun sensitive        | <input type="checkbox"/> Swelling               |
| <input type="checkbox"/> Thyroid disease                      | <input type="checkbox"/> TMJ/jaw joint        | <input type="checkbox"/> Ulcers                 |
| <input type="checkbox"/> Urinary tract infections<br>problems | <input type="checkbox"/> Urination            | <input type="checkbox"/> Venereal disease       |
| <input type="checkbox"/> Vision loss                          | <input type="checkbox"/> Warts                | <input type="checkbox"/> Whooping cough         |

Please explain any items marked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other health information that is vital for us to know: \_\_\_\_\_  
\_\_\_\_\_

**16. FOOD/DIET**

Does your daughter have any nutrition- or food-related allergies? No \_\_\_ Yes \_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your daughter have any special dietary needs? No \_\_\_ Yes \_\_\_  
\_\_\_\_\_

**17. IMMUNIZATIONS**

Is your daughter up to date on all immunizations & vaccinations? No \_\_\_ Yes \_\_\_  
If no, which state-required immunization or vaccine is she missing? \_\_\_\_\_  
\_\_\_\_\_

Immunization records must be received within one week of enrollment. Montana law requires evidence of required immunization or a medical or religious exemption. (Note: it is the law of the state where a student is enrolled that prevails when it comes to immunizations required for school attendance. Check <http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements/montana.aspx> for information on Montana immunization and vaccination exemptions). Students without proper immunization records must be excluded from school attendance when records are not received within 30 days.

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

\_\_\_\_\_  
*Father/Guardian*

\_\_\_\_\_  
*Mother/Guardian*

\_\_\_\_\_  
*Date*