



**Fort Dodge Community School District
CARES and PRIDE Programs
(Collaborative Approach to Remedial and Educational Services)**

Admission Application

____ PRIDE
____ CARES

Name of Student: _____ Grade: _____ D.O.B: _____

Address: _____ S.S.N: _____

Medicaid #: _____

Custodial Parent: _____ Phone# _____

Address: _____

Non-custodial Parent: _____ Phone # _____

Address: _____

Resident School District: _____ Building _____

Contact Person at the Home School: _____

Special Education Level _____

Please include a copy of the IEP and FBA/BIP if applicable.

Is the student currently under suspension or expulsion from school? ____ No Yes ____

If yes, what was the reason for the suspension/expulsion when will the suspension/expulsion be completed? _____

Mental Health/Medical Concerns: (i.e. Psychiatrist, Physician, Psychologist, Therapist, Medication Manager, etc. including current medications prescribed.

Any other agency involvement: (i.e. DHS, JCO, In-Home Counseling, etc.)

Describe the current behavioral concerns:

Describe the interventions previously utilized with this student and the outcome: (i.e. praise, contracts, modeling, time out, token economy, isolation, physical intervention, etc.)

Reasons: What are the reasons that the student cannot be provided an educational program in an integrated school setting?

Goals: What specific areas or goals do you want the student to accomplish before they return to your school?

Support Needed: What supplementary aids/services and accommodations/modifications are needed to support the student?

Person completing application: _____

(Signature)

Phone: _____

Date: _____