



Please complete this form in its entirety and return it to:

**Anthony Forfia**  
**Gaitway High School**  
**P.O. Box 23129**  
**Chagrin Falls, Ohio 44023**  
**Fax: 440-708-0029**  
**Email: aforfia@escwr.org**

**Application for Admission to Classrooms in the ESC of the Western Reserve Consortium  
 for Emotional Support Services  
 (Only School Districts May Apply)**

**Identifying Information:**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student resides with: \_\_\_\_\_

Student address if different from parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Placing School District: \_\_\_\_\_ School \_\_\_\_\_

District Representative/Title: \_\_\_\_\_ Phone \_\_\_\_\_

**Please send the following items for review:**

- Attendance Record \_\_\_\_\_
- Report Card(s) \_\_\_\_\_
- Current ETR \_\_\_\_\_
- Current IEP \_\_\_\_\_
- Discipline History \_\_\_\_\_

**Academic Information:**

Ability (IQ) Level: \_\_\_\_\_

**State of Ohio Testing Information: Please include all relevant testing data**

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

Date of last ETR \_\_\_\_\_ Re-evaluation date: \_\_\_\_\_

**Medical Information:**

**Present and past medical diagnoses**

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

**Past and present medications:** \_\_\_\_\_

**If Medicaid Eligible, contact person and phone number** \_\_\_\_\_

**Community Involvement:**

**Case Manager/Agency** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Counselor, Social Worker, Psychologist (Name/Agency Providing Service)**

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Probation Officer (Name/Court)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Job & Family Services Caseworker:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Psychologist/Neurologist/Other Medical Doctor (Name/Specialty)**

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Community Professional:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Behavioral Information:**

**Has this student demonstrated any of the following behaviors:**

**Incidents of arson related crimes:** \_\_\_\_\_

**Incidents of animal abuse:** \_\_\_\_\_

**Incidents of physical aggression:** \_\_\_\_\_

**If you responded yes to any of the above items, please describe the event in more detail along with the treatment or supportive action that was taken post event:**

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

**Placement Information:**

**Does this student require any related services? If so, please check next to the appropriate service below:**

**Occupational Therapy:** \_\_\_\_\_

**Physical Therapy:** \_\_\_\_\_

**Speech/Language Therapy:** \_\_\_\_\_

**Social Work:** \_\_\_\_\_

**Other (Please List)** \_\_\_\_\_

**Reason for out of county placement request:** \_\_\_\_\_

\_\_\_\_\_

**Please list any additional information to assist with our determination of placement:**

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

**Home School Contact Person (Name, Phone and Email)** \_\_\_\_\_