

# Jewish Child & Family Services Yeshiva

## Therapeutic Day School

Joy Faith Knapp Children's Center, 3145 West Pratt Boulevard, Chicago, IL 60645

(773) 467-3900

fax (773) 467-3999

### **Application Check List & Process (use spaces to indicate date; please keep a copy)**

- Please submit the following documentation together:
  - \_\_\_\_\_ Application (including this check list)
  - \_\_\_\_\_ Relevant psycho-educational testing and school documentation;
  - \_\_\_\_\_ Academic reports for the current year of school
  - \_\_\_\_\_ Speech/OT evaluations as indicated
  - \_\_\_\_\_ Consents for release of PHI for all of the following:
    - current (or most recent) school;
    - pediatrician;
    - psychologist;
    - other therapists;
    - psycho-educational testing organization(s)
    - Associated Talmud Torahs as indicated
- Please complete the FACTS Tuition Aid application online at <https://online.factsmgmt.com/aid>, even if you are in the process of applying to your local school district for therapeutic placement \_\_\_\_\_
- Once application has been accepted, JCFS TDS will send
  - Agreement for Placement to family. Family signs the Agreement and returns it to JCFS TDS \_\_\_\_\_ .
  - (Unless your child is 'tuitioned') Tuition Agreement to family. Family signs the Tuition Agreement, including arrangement of tuition, to JCFS TDS \_\_\_\_\_
- A JCFS Intake Coordinator will contact the family to arrange an Intake Meeting with parent and student. The Intake Coordinator will confirm the beginning of educational services at JCFS TDS.



Please list previous schools attended, including Jewish education:

Name	Address, City, State; Phone	Year(s)	Grades

Please share parent/guardian concerns/presenting problems (including social-emotional and academic):

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Please describe the student's strengths:

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Please describe goals for the student's next three years of education:

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Please include a copy of student’s current psychoeducational evaluation (academic, cognitive, and social-emotional). Please indicate date of evaluation: \_\_\_\_\_

Please indicate student’s mental health history (note diagnoses and pertinent mental health treatment issues), including date of first diagnosis and date of most recent diagnosis:

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Please complete the following chart regarding supports and therapies the student receives or has received over the past two years:

Start and end dates of support	Name, Address, and phone number of Service Provider	Type of Service Provider	Type of Therapy or Service	Frequency of Sessions	Minutes per session

Please complete a “JCFS Consent for Release of Protected Health Information” for each provider listed above.

If the student is under the care of physician, please indicate the medical conditions for which care is being provided:

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Please list the names and dosages of any prescribed medications:

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Please indicate the student's level in Jewish Studies, including Kriah/Hebrew, Chumash, Mishnah, etc.:

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Please list the student's hobbies or special interests:

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Please list any youth organizations in which the student is involved:

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Please describe the student's and family's Jewish involvements (including synagogue affiliation):

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Please list the summer camps which the applicant has attended:

Name of camp

Location

Dates attended

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Please detail efforts to arrange for the tuitioning of the student, including the name and contact information of special education attorney:

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Please complete a "JCFS Consent for Release of Protected Health Information" for your special education attorney.

Please add any additional information about the student that might be helpful:

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If Speech/Language or Occupational Therapy services are sought for the student, please fill out the appropriate section(s) below:

\_\_\_\_ We request Speech/Language Services. We \_\_\_ are submitting/ \_\_\_ have submitted a current evaluation, dated \_\_\_\_\_, to support this request. We understand that Speech/Language Services are available as indicated and as determined by TDS.

\_\_\_\_ We request Occupational Therapy Services. We \_\_\_ are submitting/ \_\_\_ have submitted a current evaluation, dated \_\_\_\_\_, to support this request. We understand that Occupational Therapy Services are available as indicated and as determined by TDS

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*Signature of Student (if 12 or older)*

*Date*

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*Signature of Parent/Guardian*

*Date*

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*Signature of Parent/Guardian*

*Date*