### PRE-ACCEPTANCE PROCEDURES

- 1. Upon initial referral, the admissions coordinator will have the referring case worker complete a Screening Application.
- 2. The parent, guardian, and/or placing agency will provide the admissions coordinator with any social and psychological histories requested to assist with the initial screening process.
- 3. If the admissions team determines that the student may be an appropriate fit for Bear Creek Academy, the parent, guardian, or placing agent will be contacted to schedule a tour of the school facilities and a face-to-face interview with the admissions team.
- 4. Following the interview, the admissions team will decide whether or not to accept the student. The admissions coordinator will notify the parent, guardian, and/or placing agent regarding the decision. If the student has been accepted, the complete application packet will be sent and a tentative enrollment date will be scheduled.

Screening Application
Authorization for Release of Information
Request for Student Records
Current IEP/504 Plan (if applicable)
Social/Behavioral/Psychological History (if available)

Most Recent Course Schedule & Grade Report

SOL Scores (students grades 9-12)

Please submit the following documents:

П



# Screening Application

Student Name			Date of Birth	Age
Referred By	Da	nte	Contact Information	
Disability: N/A	ADD	]SLD □SED □O	ther:	
Presenting Problems:				
Gender: ☐M ☐F	IQ:	Grade Level:	_ Current School:	
Physical Limitations:				
Previous Placement and	d Outcomes			
Legal Charges & Dispos	sitions			
Parent/Legal Guardian			Relationship to Stude	nt
Address			Phone Number	
Family History				
Current Prescribed Med	dications			
Contraindications:	Contraindications: Assaultive Fires Sex Offender Runaway Suicidal Self-Harm Medical Gar			
	Serious Addiction	□Felony □Firea	rm □Drugs at School	☐Weapon at School ☐Psychosis
Student's Strengths				
Other Information and	Comments			
		Interview li	nformation	
Date:	Participants	s:		
Student Handbook & Ap	pplication Given to	Applicant: Yes	□No If no, why not	?
Interview/Admissions R	Review Participants	:		
Student Accepted:	Yes □No If "No'	', Reason why not:		
Completed By			Date	



# **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Name:			DOB:	
This authorizes Bear Creek Academy,	lnc.	to send to; re	ceive	from:
The following information:				
Discharge Summary		Treatment Plan		Diagnosis
Educational Testing				Grade Reports
Other (please specify):		_ `		·
For the purpose of:				
Assessment/Evaluation		Service Coordination		Referral
Determination of Eligibility		Treatment Planning		Case Management
Other (please specify):		_		
Limitations or Restrictions:				
I understand that, if not previously revoked, signature unless otherwise specified here: Au year). I may cancel this consent at any time Creek Academy, Inc.	ıthoriz	ation expires		_ (not to exceed one
Parent/Guardian Signature:		Date	<b>:</b> :	
Witness Signature:		Date	:	



# **Request for Student Records**

#### To the Parent or Guardian:

To complete the application process, please sign the following release statement and deliver to the Guidance Office at the applicant's current school. This will give Bear Creek Academy access to the applicant's official transcripts, records, and confidential files. If you have any questions or difficulties in having materials sent to Bear Creek Academy, contact the School Administrator.

Applicant's Name:	
	nool to release transcripts, test scores, and health information ) and any confidential files to Bear Creek Academy.
Parent/Guardian Signature:	Date:

## To the Counselor/Principal:

The above-named student has applied for admission to Bear Creek Academy. Thank you for assisting us in the admission process by forwarding the requested records to:

Director of Education Bear Creek Academy P.O. Box 192 Cumberland, VA 23040 Fax: 804-492-9942

- Academic transcripts, including courses and final grades
- Standardized test data, including SOL test scores
- Records or evaluations pertaining to any placement in special education programs, including:
  - 1. Eligibility Committee Minutes
  - 2. Most recent IEP
  - 3. Behavior Intervention Plans
  - 4. Functional Behavior Assessments
- Health/immunization records