

Placement Date: _____



IMPACT

GENERAL STUDENT INFORMATION

STUDENT _____ SEX _____

BIRTHDATE _____ GRADE _____ SCHOOL YEAR _____

CURRENT STREET ADDRESS _____ CITY _____

ZIP _____ SCHOOL DISTRICT _____

CUSTODIAL PARENT(S)/LEGAL GUARDIAN _____

RELATIONSHIP TO STUDENT _____ PHONE: [Home] _____

[Work] _____ [Other/Cell] _____

STREET ADDRESS (if different from above) _____

CITY _____ ZIP _____

OTHER/NON-CUSTODIAL PARENT/CAREGIVER _____

RELATIONSHIP TO STUDENT _____ PHONE: [Home] _____

[Work] _____ [Other/Cell] _____

STREET ADDRESS _____ CITY _____ ZIP _____

DESIGNATED MEDICAL DOCTOR/OFFICE _____

STREET ADDRESS _____ CITY _____

ZIP _____ PHONE _____

COUNSELOR/SOCIAL WORKER _____

AGENCY NAME _____ PHONE _____

PROBATION OFFICER _____ PHONE _____

PSYCHIATRIST _____

PRESCRIBED MEDICATIONS _____