

Impact Child Behavioral Services Inc. Admissions Process

To complete an admissions file, the following items are required:

1. Completed Application & Processing Fee

Submit a fully completed application form along with a **non-refundable processing fee**. Applications will not be reviewed until both are received.

2. Family Tour

Parents or guardians must schedule a tour to learn more about our programs, philosophy, and facility. This is a required step to ensure alignment with your child's needs.

3. Classroom Observation Visit

- **Kindergarten Applicants:** Participate in a 2-day classroom visit.
- **Grades 1–12 Applicants:** Participate in a 2–3 day classroom visit appropriate for their grade level.

This visit allows our staff to assess classroom fit and observe social, emotional, and academic engagement.

4. Psycho-Educational Evaluation

All applicants must submit a **comprehensive psychological-educational evaluation** conducted within the past three (3) years. This evaluation helps us understand your child's learning profile and developmental needs.

5. Official School Records

Submit all previous school records. A **Transcript Release Form** (included in the application) should be sent to your child's current or former school. Impact reserves the right to request additional testing if needed.

6. Teacher Recommendation Forms

Two recommendation forms must be completed by **core subject teachers** (e.g., math, English, science). These forms should be submitted **directly by the school** and will not be accepted from parents. Additional copies may be used for specialists if applicable.

7. Additional Evaluations (if available)

Please submit any relevant evaluations such as:

- Occupational Therapy
- Speech and Language Therapy
- Behavioral Assessments

These documents provide a broader picture of your child's strengths and support needs.

8. Release of Information Form

This form authorizes Impact to request records and insights from professionals currently working with your child (e.g., therapists, evaluators, schools).

Admissions Checklist for Families

- Completed Application Form
 - Non-refundable Processing Fee
 - Scheduled Family Tour
 - Scheduled Classroom Visit (2-3 days)
 - Submitted Psycho-Educational Evaluation (within last 3 years)
 - Submitted Previous School Records (via Transcript Release Form)
 - Teacher Recommendation Forms (sent directly by current school)
 - Additional Evaluations (optional but encouraged)
 - Release of Information Form
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1. Admissions Application Form

Impact Child Behavioral Services Inc. Student Admissions Application

Student Information

- Full Name: _____
- Preferred Name/Nickname: _____
- Date of Birth: _____
- Grade Applying For: _____
- Current School: _____
- Primary Language: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Relationship to Child: _____

- Email: _____
- Phone: _____
- Address: _____

Does your child have a current IEP, 504 Plan, or diagnosis?

- ☐ Yes (please attach documents)
- ☐ No

Please briefly describe your child's strengths and challenges:

How did you hear about Impact Child Behavioral Services Inc.?

Signature of Parent/Guardian

I confirm that all information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

2. Transcript Release Form

Impact Child Behavioral Services Inc.

Authorization to Release Student Records

To: (Current School Name)

Student Name: _____

Date of Birth: _____

I hereby authorize the release of all academic records, including grades, attendance, standardized test scores, IEP/504 plans (if applicable), behavioral records, and any additional documentation to:

Impact Child Behavioral Services Inc.

Email: [Insert Contact Email]

Fax: [Insert Fax Number]

Address: [Insert Mailing Address]

Parent/Guardian Name: _____
Signature: _____ Date: _____

3. Teacher Recommendation Form

Impact Child Behavioral Services Inc.
Teacher Evaluation Form – Confidential

Student Name: _____
Current Grade: _____
Teacher Name: _____
Subject Taught: _____

Please complete the following based on your professional experience with this student:

Skill Area	Excellent	Good	Needs Support	N/A
Attention/Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance (in your subject)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Do you recommend this student for admission to a specialized, supportive behavioral and academic program?

- ☐ Yes
☐ With Reservation
☐ No

Signature: _____ Date: _____
School Name: _____
Phone/Email: _____

Please submit this form directly to Impact Child Behavioral Services Inc. Forms submitted by parents/guardians will not be accepted.

4. Release of Information Authorization Form

**Impact Child Behavioral Services Inc.
Release of Information Authorization**

Student Name: _____
Date of Birth: _____

I, the undersigned, authorize **Impact Child Behavioral Services Inc.** to obtain or release records or verbal communication with the following individuals/organizations:

- Agency/Therapist/School Name: _____
- Contact Person: _____
- Phone/Email: _____
- Address: _____

This release includes (check all that apply):

- ☐ Psycho-educational Evaluations
- ☐ IEP/504 Plans
- ☐ Therapy Reports
- ☐ Behavioral Records
- ☐ Other: _____

Purpose of this disclosure:

- ☐ Admissions Planning
- ☐ Educational Planning
- ☐ Behavioral Planning
- ☐ Other: _____

This authorization is valid for one year from the date signed unless revoked in writing.

Parent/Guardian Name (Print): _____
Signature: _____ Date: _____