



**Forward Intake Application to:**  
 Elaine Wojciechowski (Intake Coordinator)  
 Tradewinds Education Center  
 130 Brookley Road  
 Rome, NY 13441  
 315-533-1150 ext. 2517  
 Fax: 315-533-1173  
 Elaine.Wojciechowski@upstatecp.org

For Office Use Only  
 Date of Application Received \_\_\_\_\_

## Student Intake Application

### Student Information

Student's Name: \_\_\_\_\_

Address:

County: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Classification: \_\_\_\_\_

Diagnoses/ Developmental Disability:

### Parent/ Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address:

Address:

County: \_\_\_\_\_

County: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### School Information

Please Check Type of Referral:

- Residential    
  School    
  6:1:3.5- Utica/ Rome TEC    
  6:1:3- Chadwicks (14-21 years of age)

Referring School District: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral:

Current Placement: (i.e. Home Tutoring, 8:1:1, B.O.C.E.S): \_\_\_\_\_

The following records are required to determine eligibility for admission. **Applications cannot be processed until receipt of:**

- Current IEP    
  Current Psychological Evaluation    
  Therapy Evaluations (OT, PT, Speech)    
  Social History    
  Physical  
 Immunizations    
  Functional Behavior Assessment/Behavior Intervention Plan    
  Psychiatric Evaluations/Hospitalizations

### CSE Chairperson Signature Required

(Note: If making an electronic submission, please type the name of the approving CSE onto the signature line.)

CSE Chairperson Approval \_\_\_\_\_

Date \_\_\_\_\_

CSE Chairperson Email: \_\_\_\_\_