



DIRECTORY PAGE TEMPLATE:

Program/School Name:

Type of Program:
(check one)

☐

Therapeutic Boarding School

☐

Home Based Residential

☐

Emotional Growth School

☐

Outdoor Therapeutic Program

☐

Residential Treatment Center

☐

Transitional Independent
Living Program

☐

Wilderness Program

☐

Young Adult Program

Phone: **Fax:**

Website:

Email:

Executive Contact: **Admission Contact:**

Street Address:

City: **State:** **Zip Code:**

Airport:

Gender Served (check one): ☐ Coeducational ☐ Boys Only ☐ Girls Only **Ages:**

Grades Served: **School Credits:**

Enrollment: **Duration:** **Founded:**

Individual Psychotherapy Available: ☐ Yes ☐ No

DIRECTORY PAGE TEMPLATE (continued):

Accreditation, Licensure, Approval:

Professional Affiliations:

PROGRAM INFORMATION (may not exceed 300 words).

Program Mission:

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Appropriate Candidates:

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Services Overview:

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