Parent Information

Please list any counseling, therapy, outpatient, partial/ acute hospitalization, residential treatment, group home, wilderness programming or emotional growth school that your son or daughter has been involved in:

Name of Facility/School/Program	Contact Person	Dates	Telephone Number
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Name of Facility/School/Program	Contact Person	Dates	Telephone Number

Please briefly describe the presenting issues leading you to pursue placement at the Oakley School for your child:

If your child will be transitioning to the Oakley School from another therapeutic intervention, please discuss the progress that they have made, and the issues that continue to be a focus:

Parent Information

(continued)

Please describe all parents and guardians involved in the child's life. Please discuss marital status, disciplinary systems, parenting styles and parental involvement:

Please comment on any significant medical problems, psychiatric and/or substance abuse issues present in the extended family:

Please discuss any significant disturbances or losses in your child's life:

Parent Information

(continued)

Please describe your child's strengths:

Please describe your child's limitations:

Please discuss your goals and expectations regarding the focus and outcome of your child's stay at the Oakley School:

Does your child have any legal charges against them? (please circle) Yes No
If yes, please describe the circumstances around these charges and what their records show: Please indicate if the charge is a felony or a misdemeanor: