



**Intake Paperwork Checklist**

**Prior to the intake meeting**, the following paperwork must be submitted to CMC. It is the responsibility of the sending school to ensure that this information is submitted.

- Determine primary language within the home: \_\_\_\_\_; translator \_\_\_ Yes \_\_\_ No
- Transcripts and current/most recent academic grades
- Attendance records, updated
- Discipline records, updated
- Individualized Education Program
- MCAS Scores
- Assessments for ELL Students
- Most recent psychological evaluation
- Most recent educational evaluation
- Other student assessments
- Record of last physical exam
- Functional Behavioral Assessment/Behavioral Intervention Plan
- Immunization records
- LSA or 37H 37 H 1/2 and 37H 3/4 Letter and Finding of Fact, if applicable
- Birth Certificate (if applicable)

**Intake Procedure Guidelines (following placement determination)**

**During the intake meeting**, the following paperwork must be completed. It is the responsibility of the CMC employee conducting the intake to ensure this paperwork is accurately explained to the parent/guardian and completed.

- General Information
- Policies To Ensure The Health and Safety of the Children
- Parental Authorization for Prescription Medication Administration
- Parental Authorization for Over the Counter Medication Administration
- Licensed Prescriber's – Medication Order Form
- Consent to Release Records
- Mobile Crisis Permission to Release Information Form
- Student Handbook
- Bus Permission Form & Field Trip Consent Form
- Parental Consent for PG13 and R-Rated Educational Movies
- School Media Policy
- Class Picture Permission form
- Pick Up and Contact Information
- Completion of Intake with
- Completion of Intake with Signed IEP and Placement Consent** Signature \_\_\_\_\_ Date \_\_\_\_\_

**Steps to Secure IEP Signature** for a student to begin school at Central Massachusetts Collaborative a signed placement page is needed.

1. **Contact representative of sending District (LEA)** Signature \_\_\_\_\_ Date \_\_\_\_\_
2. **Contact Parent/guardian or designated legal representative** Signature \_\_\_\_\_ Date \_\_\_\_\_
3. **Home Visit of legal guardian/designated legal representative** Signature \_\_\_\_\_ Date \_\_\_\_\_



**Hartwell Learning Center (K-5th)**

**Director: Jessica Pitsillides**

14 New Bond Street  
Worcester, MA 01606  
Phone: 508-538-9104  
Fax: 508-854-1348

**Central MA Prep (6th - 8th)**

**Director: Dan Smachetti**

14 New Bond Street  
Worcester, MA 01606  
Phone: 508-538-9103  
Fax: 508-854-1347

**Central MA Academy (6th - 12th)**

**Director: Ann Ortiz**

121 Higgins Street  
Worcester, MA 01606  
Phone: 508-538-9109  
Fax: 508-852-5375

**Robert Goddard Academy (9th - 12th)**

**Director: Michael Kelly**

14 New Bond Street  
Worcester, MA 01606  
Phone: 508-538-9101  
Fax: 508-854-1346

**Thrive(K - 12+)**

**Director: Elizabeth Pinzino**

14 New Bond Street  
Worcester, MA 01606  
Phone: 508-538-9105  
Fax: 508-854-1362

**Recovery High School (9 - 12)**

**Principal: MaryEllen McGorry**

20 Rockdale St. 2nd Floor  
Worcester, MA 01606  
Phone: 508-538-9102  
Fax: 508-854-4984

**Woodward Day 1 (6 - 12, LTS from district)**

**Site Coordinator: Carol DeAngelis**

190 Fremont Street  
Worcester, MA 01603  
Phone: 508-538-9107  
Fax: 508-799-3486

**Woodward Day 3 (6 - 12, LTS from district)**

**Site Coordinator: Richard Cameron**

11 McKeon Rd  
Worcester, MA 01610  
Phone: 508-538-9110  
Fax: 508-792-9374

**Woodward Day 2 (6 - 12, LTS from district)**

**Site Coordinator: Evelyn Marrone**

20 Rockdale Street  
Worcester, MA 01606  
Phone: 508-538-9108  
fax: 508-854-4973



**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street, City and Zip Code)

Student Primary Language \_\_\_\_\_ Student Home Phone Number: \_\_\_\_\_

Student Alternate Number: \_\_\_\_\_

**Legal Guardian(s)**

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

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

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

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

Primary Language: \_\_\_\_\_

Student lives with: Yes No

**Legal Guardian(s)**

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

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

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

Primary Language: \_\_\_\_\_

Student lives with: Yes No

**EMERGENCY CONTACT INFORMATION**

**1st Emergency Contact**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

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

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

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

Can Dismiss/Receive Student: YES NO

**2nd Emergency Contact**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

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

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

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

Can Dismiss/Receive Student: YES No



**OUTSIDE AGENCY INVOLVEMENT**

**1st Agency Contact**

Agency: \_\_\_\_\_

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Can Receive Student: YES NO

Can Dismiss Student: YES NO

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

**2nd Agency Contact**

Agency: \_\_\_\_\_

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Can Receive Student: YES NO

Can Dismiss Student: YES NO



**Woodward Day School Students Only**

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

Home School: \_\_\_\_\_

Team Chair: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Suspension Date: \_\_\_\_\_

Reason for LSA: \_\_\_\_\_

IEP Expiration: \_\_\_\_\_ 3 Year Re-Evaluation: \_\_\_\_\_ Reconsideration Date: \_\_\_\_\_



**MEDICAL INFORMATION**

Student's Primary Care Physician: \_\_\_\_\_ PCP Phone: \_\_\_\_\_

Type of Medical Insurance: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to ensure the health and safety of the children during the school day regarding medication administration.

Our School district requires that the following forms must be on file in your child's health record before we can give any medication (prescribed or over the counter) at school:

1. Signed consent by the parent or guardian to give the medication (prescribed or over the counter). Please complete the enclosed consent forms and give it to your school nurse, or send it to school with your child to give to the school nurse.
2. Signed Medication Order from your child's doctor (for prescription medications only). Your child's licensed prescriber must either fill out the provided form or give you their own medication order form to give to the School Nurse. This order must be renewed as needed and at the beginning of each academic school year.
3. (Optional) Signed consent by the parent or guardian to speak to the doctor's office regarding medication and paperwork that is related to school use only (Consent to Release Information Form). This is optional for you to fill out but is very helpful for you to have on file with us in the event that you would like the School Nurse to contact the office in your behalf to get information or paperwork. If this is signed the School Nurse can call the doctor's office for paperwork to be faxed to us regarding physicals, Immunizations, and medication orders.

Scheduled prescription medications and as needed (inhalers, EpiPens) prescription medications should be delivered to the school in a pharmacy or manufacturer-labeled container by you or a responsible adult whom you designate. Please ask your pharmacy to provide a separate bottle for school and home (they are willing to do this if you inform them you need it). No more than a thirty-day supply of the medicine should be delivered to the school at one time.

When your child needs a medication to be given during the school day, please act quickly to follow these policies so we may begin to give the medication as soon as possible. Thank you for your help!

Sincerely,

Your School Nurses: Michelle Caron RN and Barbara Leon RN



**Parental Authorization for Prescription Medication Administration**

*To be completed by Parent/Guardian*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

My child takes the following medications. **Please list all medications** student takes at home and at school, including as needed medications such as inhalers. Please put down the dose of the medication and times taken:

\_\_\_\_\_  
\_\_\_\_\_

I **consent** to have the School Nurse administer the following medications at school. Please list all medications to be given at school, including as needed medications such as inhalers and EpiPens: \_\_\_\_\_

\_\_\_\_\_

**Field Trips:** There are times throughout the year that a class may go on field trips and the School Nurse is unable to attend. In this event, the Student’s teacher will be properly trained on administering the medication. I understand that the designated person will carry the medication and will administer and observe my child taking the medication. I give permission for these designated people to administer medication on such field trips for the 2018/2019 school year: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Parental Authorization for Over the Counter Medication Administration**

*To be completed by Parent/Guardian*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

My child has the following Allergies (please list all allergies: including environmental, food, and medication allergies): \_\_\_\_\_  
\_\_\_\_\_

My child requires an EpiPen for these allergies (be advised that the School Nurse will need an EpiPen in school for your child and will require a medication order): Yes \_\_\_\_\_ No \_\_\_\_\_

The following medications may be given to your child, as needed, after the School Nurse evaluates the student's health status. The School Nurse will **NOT** be able to administer these medications without your permission and signature below.

Tylenol (Acetaminophen): Yes\_\_\_ No\_\_\_

Ibuprofen (Motrin/Advil): Yes\_\_\_ No\_\_\_

Benadryl (Diphenhydramine): Yes\_\_\_ No\_\_\_

Tums (Calcium Carbonate): Yes\_\_\_ No\_\_\_

Throat Lozenges (Cough Drops): Yes\_\_\_ No\_\_\_

Hydrocortisone Cream: Yes\_\_\_ No\_\_\_

Bacitracin Ointment: Yes\_\_\_ No\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Licensed Prescriber's – Medication Order Form

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Frequency: \_\_\_\_\_ Times to be given: \_\_\_\_\_

Specific Directions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Diagnosis requiring medication being given: \_\_\_\_\_  
\_\_\_\_\_

Any other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Other medications being taken: \_\_\_\_\_  
\_\_\_\_\_

Consent for self-administration (for PRN medications only, and only if the school nurse determines it safe and appropriate): Yes \_\_\_ No \_\_\_

Name of Licensed Prescriber (printed): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of next scheduled visit: \_\_\_\_\_

Licensed prescriber signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Consent to Release Records

DO NOT FILL OUT RELEASE OF RECORDS IF YOU CANNOT IDENTIFY A PROVIDER

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ (parent(s)/guardian(s)), hereby authorize and request the release and exchange of records other information on the student indicated on this form to **Central MA Collaborative (CMC)** from the following agencies and/or schools:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please forward the information to: \_\_\_\_\_

The information that may be disclosed, obtained and/or exchanged through this authorization include the following type of information checked below:

**FROM OUTSIDE AGENCIES:**

- √ Verbal interactions between CMC and \_\_\_\_\_
- √ Electronic communication including but not limited to fax and email between CMC and the above named entity.
- √ Treatment records: Intake/Admission/discharge summary, Emergency Mental Health reports, and additional evaluations.
- √ All mental health records, including clinical records created or received by the sending institution.
- √ Information pertaining to the diagnosis and treatment of substance abuse

**FROM SCHOOLS:**

- √ Academic records including: attendance, transcripts, birth certificate, discipline, grades to date, immunization/health records, 504 plan, ELL records, standardized testing (i.e.: MCAS, MAPS, PARRC<sup>1</sup>).
- √ Psychological or Neuropsychological evaluations
- √ Academic/Achievement and Itinerant evaluations, (i.e.: OT, PT, Speech, LD)
- √ Individualized Education Plan
- √ Other specific information: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> initials of student



## Consent to Release Records

This authorization expires one year from the date of signature unless otherwise specified.

*\*Substance abuse information may not be disclosed without written authorization unless such disclosure is otherwise authorized by federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42CFR, Part 2)*

I understand that I may refuse to sign this authorization. A refusal to sign will not affect my child's acceptance or education at Central Massachusetts Collaborative. I further understand that I may revoke this authorization *in writing* at any time except in circumstances where action has already been taken from reliance on the signed authorization before the written revocation is received. *The written revocation request should be sent to your child's school.*

I have carefully read the above, had the opportunity to request clarification on items I may not understand, and fully consent to the disclosure of the above-stated information to the parties indicated.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_  
(All legal guardians must sign the consent)

Date: \_\_\_\_\_

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<sup>2</sup> Initials of student (page 2 of 2)



## **Mobile Crisis Permission to Release Information**

I, \_\_\_\_\_, hereby authorize and request the release and exchange of information between Mobile Crisis Unit / Emergency Mental Health Services, following a Mental Health Evaluation for my child, \_\_\_\_\_, conducted within the home or CMSEC. This information / communication will only be used for collaboration / communication of the treatment of your child.

\_\_\_\_\_ Yes, I authorize the above named parties to discuss matters relevant to the above-named person.

\_\_\_\_\_ No, I do not authorize the above named parties to discuss matters relevant to the above-named person.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Student Handbook Signature – CMC Handbook**

The Central Massachusetts Collaborative sets forth a high level of expectations for student achievement, conduct, and effort. The rules contained within this handbook pertain to student actions on and off the school grounds during the school year and during school-related situations, including transportation to and from school. These policies also apply to after-school and summer programs.

The Central Massachusetts Collaborative considers violation of the Weapons Policy, found within this booklet, to be a serious matter. Please review this policy with your child, as well as the other policies included within this booklet.

By signing below, I indicate that I have read the CMC student handbook and understand the policies and procedures therein. I understand that violation of these policies may result in disciplinary action. I understand that the student indicated below is responsible for these rules for the duration of their enrollment within CMC schools.

**The student handbook is located on the Collaborative website, <http://www.cmasscollaborative.org>. There is also a copy at the school.**

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

Student Signature: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Bus Permission Form (for WPS Students Only)**

The bus company requires that a parent or guardian be present when the student is dropped off at home. If no one is present when the student's bus arrives at home, the bus company will take that student to **Quinsigamond Elementary School, 508-799-3502**, to wait for you or someone you arrange to pick them up.

### **Bus Permission Form**

## **THIS FORM IS FOR WPS MIDDLE AND HIGH SCHOOL STUDENTS ONLY**

The bus company requires that a parent or guardian be present when the student is dropped off at home. If no one is present when the student's bus arrives at home the bus company will take that student to **Quinsigamond Elementary School** to wait for you or someone you arrange to pick them up. However, you may give your child permission to be dropped off at home without your presence. Please indicate the appropriate option below.

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

- I give my child permission to be dropped off at home without supervision.
- I do not give my child permission to be dropped off at home without supervision. In the instance that I am not present, I understand that my child will be taken to **Quinsigamond Elementary School**, where I can arrange for him or her to be picked up.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Field Trip Consent**

The Central Massachusetts Collaborative occasionally arranges for students to participate in field trips that serve an educational and/or therapeutic purpose. By signing below, you grant permission for your child to participate in all future field trips.

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

- I consent and give permission for my child to participate in all field trips
- I do not give permission for my child to participate in field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parental Consent for PG13 and R-Rated Educational Movies

Classrooms at the Central Massachusetts Collaborative may utilize films or film clips. These may include films that carry a PG13 or R-rating. Please indicate which of the following you authorize.

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

- I consent to my child viewing PG13-rated films that serve an educational purpose.
- I would like to be notified of the PG13-rated film before it is shown.
- I consent to my child viewing R-rated films that serve an educational purpose.
- I would like to be notified of the R-rated film before it is shown.
- I **do not** give my child permission to view any PG13 or R-rated films.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## CMC School Media Policy

**Purpose:** During the school year your child may have opportunities to have their work or activities publicized. Examples include, but not limited to: student work published on the district website; feature stories about student performances on school-wide events in newspapers or on television; and photographs and videos of students “in action” on the website and in local and regional newspapers. Student's first name and last initial (example: Paul F.) are used to identify pictures of three or fewer students and student work on the district website. When reporters visit the district, they often speak with students and use their full names in covering the story.

**General Media Coverage:** Throughout the year there may be in-school programs, events or meetings (such as a school-wide assembly or PTA event) that are open to the public and where large group photographs or videotapes will be taken by parents, the media, or school district staff. In these cases, students would not be identified by name. Your consent to these types of group photographs or videotapes is assumed. If you do not want your child photographed or videotaped at these public events, please speak with the Principal or event coordinator to insure that your child is excluded from the coverage.

### **OPT Out Provisions for WPS District Media Policy**

**Please check only those items that you do not grant permission to.**

#### **Publication of Student Work on the Internet**

- I/We **do not grant** permission for this student’s work to be published on the School Website.

#### **Publication of Student First Name, Last Initial and/or Photograph on the Internet**

- I/We **do not grant** permission for photographs that include this student to be published on the School District Website, using the student's first name and last initial to identify him/her.

#### **Interviews and Photographs with Newspapers, Radio, and Television Reporters**

- I/We **do not grant** permission for this student to be photographed or interviewed by reporters who are covering events in the School District.

- **If a box is unchecked and the parent/guardian signs the student handbook, your consent is granted for the full school year. This decision can be changed at any time by contacting your child’s school in writing.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SCHOOL CLASS PICTURES

- Yes, I give permission for my child to be included in the group class picture which will be sent home to each student in class.
- No, I do not give permission for my child to be included in the group class picture which will be sent home to each student in class.

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **PICK UP AND CONTACT INFORMATION**

It is important for all parents and guardians to be aware, that in the event of an emergency, there may be times when their child may need to be picked up from school (e.g., for illness, suspension, student in crisis, student unwilling or unable to safely take the bus home, etc.). If the parent or guardian is unable to come to the school, they must have an emergency contact available to pick up their child. The parent or the emergency contact must pick up their child within **45 minutes** of the initial phone call to notify them.

Parents are also responsible for immediately notifying the school of any phone number changes. Please make sure that your emergency contact information is also kept updated.

**I acknowledge that I have read the above and understand I am responsible for picking up my child if asked to do so by the school staff. I agree to keep all contact information updated.**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please see page 4 for Emergency Contact Information**