



**STUDENT SAIS:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

(Main/Compadre/Isaac/Alhambra/Alternatives/BIP)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Disability: \_\_\_\_\_ Start Date: \_\_\_\_\_ IEP Date: \_\_\_\_\_ Psych Date: \_\_\_\_\_

Related Services:  Speech \_\_\_\_\_  OT \_\_\_\_\_  Counseling \_\_\_\_\_  1:1 \_\_\_\_\_

Gender:  Male  Female Ethnicity:  White  Black  Hispanic  American Indian  Asian  Other

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Behaviors: \_\_\_\_\_

Positive Qualities: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Custody of student:  Joint  Mother  Father  State  Temporary

Legal Guardian:  Mother  Father  State  Other \_\_\_\_\_

Student lives with:  Joint  Mother  Father  Foster  Guardian  Group Home

Are there any visitation rights or limitations?  No  Yes, explain: \_\_\_\_\_

**Parent/Guardian Information:**

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

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

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

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Group Home Name: \_\_\_\_\_

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

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

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency/ Group Home/ Other: \_\_\_\_\_

**REFERRING DISTRICT**

District: \_\_\_\_\_

District Contact: \_\_\_\_\_

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

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

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

E-Mail: \_\_\_\_\_

***EXIT CRITERIA***

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The team determines the criteria needed for the student’s successful transition to a less restrictive environment to be the following:

**Student will advance to Stage Five (Mentor) on the DHA Stage Model demonstrating a significant decrease in maladaptive, and physically aggressive behaviors. When student approaches Mentor stage the referring district will be notified and a transition meeting will be scheduled.**

**District Comments:** \_\_\_\_\_  
\_\_\_\_\_

***DRESS CODE***

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The dress code is designed to support a positive image among our students. Wearing appropriate clothing reflects maturity and dignity. We ask that all students follow the dress code outlined below:

- Shorts and skirts need to be close to knee level.
- Pants and shorts are to be worn around the waist. *Sagging will not be permitted.*
- Jewelry is not permitted for safety reasons. This includes but is not limited to dangling earrings, visual body piercing, necklaces, watches, bracelets.
- Images of drugs, sexual references, religious images, and / or inappropriate language will NOT be allowed.
- Any clothing that is deemed to represent gang affiliation will NOT be allowed.
- Hats or caps are not allowed.
- Shoes/sandals must be worn at all times. Slippers are NOT allowed.
- Halter tops, backless blouses, strapless blouses and dresses, sleeveless T-shirts, bike shorts and short-shorts are prohibited.

All clothing is to be worn appropriately and in the manner for which it was designed.

*If students do not follow the dress code, they will be asked to modify their clothing. If this is not possible and / or if the student is unwilling, the student may be sent home depending on the circumstances.*

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_

I hereby authorize the following persons and agencies to release, exchange, and share information pertinent to the student named above to Desert Heights Academy personnel:

DISTRICT

District Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

AGENCY 1:

Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**This agreement includes the following information:**

- Medical** (Including, but not limited to, diagnosis, treatment, and medication information)
- Psychological** (Including, but not limited to, psychological assessment and treatment)
- Behavioral** (Including, but not limited to, Behavioral Rating Scales, observations, and school disciplinary reports)
- Educational** (Including, but not limited to, academic achievement scores and pupil work samples)
- Speech/language** (Including, but not limited to, receptive, expressive, and language processing information)
- Occupational/Physical Therapy**
- Appropriate agency reports**
- Other** (describe) \_\_\_\_\_

Please specify information you wish to have disclosed. If you are granting permission to coordinate academic planning, please write, "any and all information necessary to coordinate academic planning."

**This agreement will expire on upon termination at Desert Heights Academy.**

\_\_\_\_\_  
 Parent/Legal Guardian Signature Date

\_\_\_\_\_  
 Desert Heights Academy Staff Date

\* With parent consent, copies of these records may be released to agencies serving the child. A photocopy of this form shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization

\*I authorize the release of information specified above. I have been informed of and I understand my parental rights as detailed in the "Parent Rights and Procedural Safeguards for Special Education." Information requested and received may be disclosed further by receipt with my written consent and may not be protected by federal privacy rules. I warrant that I have authority to sign this form on the basis of Civil Code section 56. 10.

**MEDICAL HISTORY • CONSENT FOR EMERGENCY MEDICAL TREATMENT • PERMISSION FOR PAIN RELIEF**

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

Date of Birth: \_\_\_\_\_

	YES	NO
1. General good health		
2. Allergies or reactions (for example food, medication or other)		
3. Has an Epi-Pen been prescribed for any allergies listed		
4. Hay Fever, asthma or wheezing		
5. Eczema or frequent skin rashes		
6. Convulsions/seizures		
7. Heart trouble		
8. Diabetes		
9. Wears glasses		
10. Uses hearing aide		
11. Taking any prescribed medications		

If yes to prescribed medication, please provide the diagnosis and medication he/she takes even if he/she does not take them at school (for example for asthma, ADD, seizures, etc.):

Diagnosis: \_\_\_\_\_ Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Medical History (for example hospitalization, broken bones, major surgery or illness): \_\_\_\_\_

Dietary restrictions/MISC: \_\_\_\_\_

Name of primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**The above information is strictly confidential**

**Student may request a non-aspirin substitute, Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) to help with symptoms of pain, fever, headache or swelling during school hours. Yes \_\_\_ No \_\_\_**

I grant Desert Heights Academy permission to provide any necessary **emergency medical treatment** required as the result of a school related injury. Desert Heights Academy will attempt to contact parent/guardian upon admittance for emergency medical treatment.

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Desert Heights Academy Staff

\_\_\_\_\_  
 Date

**TRANSPORTATION**

Transportation:  District  DHA  Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Pick Up: Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Drop Off: Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daycare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe any behaviors that may affect student safety while on transportation: \_\_\_\_\_

Does this student require a one on one aide while being transported in a Desert Heights Academy vehicle? **Yes** \_\_\_ **No** \_\_\_

Is the need for a one on one aide documented on students current IEP? **Yes** \_\_\_ **No** \_\_\_

Can student be left unattended? **Yes** \_\_\_ **No** \_\_\_

In case I am not home when my child is going to be dropped off, I hereby authorize my child to be released to the following:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PERMISSION TO SEARCH PERSON AND EFFECTS**

In efforts to support a positive and safe school environment, each student is **wanded and searched** upon entry to the school.

**Wanding and Search Procedures:** A handheld metal detector (wand) is used by staff to ensure that students do not bring in any type of objects that could cause danger or present safety concerns. The search consists of each student pulling out their pockets (Pants / shorts / jackets) to make sure they have NOT brought any personal items to school. Additionally, shoes and socks of each student are searched.

In the event that a student refuses to be searched, *this student will NOT be allowed entry into school.* The parent / guardian will be requested to pick up their child.

I, \_\_\_\_\_, hereby give my permission to the staff of Desert Heights Academy to search the person and effects of my child. This search occurs upon entry to school and whenever there is suspicion that he/she may be in possession of any weapon, drugs, or other items that may be disruptive to the program. I understand that such suspicion may be based on circumstantial, third party, or hearsy information, as well as direct observation. I understand that such a search is done to protect the safety and well-being of my child. I also understand that any illegal items or controlled substances found in such a search will be turned over to the police so that they may take appropriate action.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, have been informed of and understand the above procedure.  
(Student name)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Desert Heights Academy Staff

\_\_\_\_\_  
Date

**CONSENT FOR PHYSICAL MANAGEMENT**

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In order to maintain a safe and positive learning environment, we practice physical management in situations where students are behaving in an unsafe manner. All staff are trained in the non-violent physical management techniques.

It is our focus to promote and reinforce self-control. However, if a student is demonstrating unsafe and out of control behavior, we will engage the student in physical management to ensure the students, staff, and fellow classmates' safety.

In the event that my son/daughter cannot be kept safe in any other manner, I understand that physical management procedures may be used. The physical management procedures are intended to be non-violent and therapeutic.

It is emphasized that these procedures will be used only when other methods of control have been determined to be ineffective and your child is a danger to themselves or others.

The physical management procedure used at Desert Heights Academy involves a 3 step procedure. The stepwise format allows for the student to have psychological control over the procedure. Student behavior determines how restrictive the physical management needs to be. In efforts to ensure student safety, a minimum of two staff participate in the physical management procedure.



- **Step 1 (Arm Hold):** Two staff, standing to the side of the student, secure both arms of the student by holding the student's wrist and upper arm (above elbow).
- **Step 2 (Standing Hold):** Lead staff moves behind student, securing student's arm across their body while assist staff remains holding student's arm around wrist and upper arm (above elbow).
- **Step 3 CPI team control position:** The *CPI Team Control Position* is used to manage individuals who have become dangerous to themselves or others. Two staff members hold the individual as the auxiliary team member(s) continually assess the safety of all involved and assist, if needed. During the intervention, staff members who are holding the individual will
  - Face the same direction as the acting-out person while adjusting, as necessary, to maintain close body contact with the individual.
  - Keep their inside legs in front of the individual.
  - Bring the individual's arms across their bodies, securing them to their hip areas.
  - Place the hands closest to the individual's shoulders in a C-shape position to direct the shoulders forward.
- ✚ **Documentation:** All staff involved in the physical management are required to complete their documentation following each PM. A designated administrator phones the student's parent / guardian about the PM incident if it involves *The CPI Team Control Position*.
- ✚ The *CPI Children's Control Position* is designed to be used with small children. DHA may use this position with students smaller than staff, and only when one staff is available.
- ✚ Desert Heights Academy will primarily use the *CPI Team Control Position and the CPI Children's Control Position* as a last resort in cases of physically dangerous behaviors presented by students. However, there may be cases where a student may require a more restrictive physical intervention for safety. In that instance DHA staff will use a four step model that continues to allow for the student to have psychological control over the procedure.

I, \_\_\_\_\_ hereby give my permission for physical management of my son/daughter, \_\_\_\_\_, as described above.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

My child has a medical condition and / or physical limitation that prohibit physical management as practiced by Desert Heights Academy.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

