



5. What is your current family structure? Has it recently changed? Describe your child's role in the family.
  
6. Describe your child's relationship with peers. What are his/her friends like? What is a typical role he/she assumes in groups?
  
7. Is your child's behavior at school a problem? Has he/she ever been suspended or expelled from school?
  
8. Does your child have a diagnosed learning disability and/or does your child have an Individual Education Program (IEP)? \_\_\_\_\_/\_\_\_\_\_. If so, please describe and attach appropriate documentation.
  
9. How might your child respond to  
Physical Stress:  
  
New social situations:
  
10. Is your child overweight? \_\_\_\_\_ underweight? \_\_\_\_\_ Does your child exhibit any unusual eating habits?

11. Has your child had an eating disorder in the past? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_  
Has he/she ever been treated for an eating disorder? \_\_\_ Yes \_\_\_ No If yes, what was the  
treatment, and when? \_\_\_\_\_  
Does your child currently exhibit any signs of an eating disorder, and if so, what are they?

12. Does your child smoke? \_\_\_ Yes \_\_\_ No If yes, does your child understand that he/she will have  
to quit in prior to arriving at The Outdoor Academy (quitting should happen at least 3-4 weeks prior  
to her/his arrival to OA)? To your knowledge, how many cigarettes a day or week has your child  
been smoking?

13. Has your child experimented with drugs or alcohol to your knowledge? \_\_\_ Yes \_\_\_ No If yes,  
please describe.

14. Has your child received treatment for drug or alcohol abuse? \_\_\_ Yes \_\_\_ No If yes, please  
describe.

15. How strict are your family's household rules regarding drug and alcohol use: (circle one)

Very strict

Strict

Moderate

Somewhat lenient

Lenient

16. If you responded "Yes" to items 13 and 14 above, have you carefully reviewed with your child The  
Outdoor Academy's policy which states that possession of drugs or alcohol while at The Outdoor  
Academy is prohibited, and will result in immediate dismissal (See Student Handbook, page 9.)  
\_\_\_ Yes \_\_\_ No

17. How are your child's communication skills with adults and peers?

18. a.) Has your child ever received counseling or therapy? \_\_\_ Yes \_\_\_ No If yes, what was the length of treatment? \_\_\_\_\_ For what reason?

b.) Is your child currently receiving counseling or being treated for any therapeutic issues (ie: anxiety, depression, OCD, etc.) \_\_\_ Yes \_\_\_ No

*\* Please note that any medications for symptom management should be included on your child's Prescription and Non-Prescription Administration Health Forms.*

19. What are your long-range plans and hopes for your child?

20. Has your child ever expressed a desire to harm him or herself intentionally? \_\_\_ Yes \_\_\_ No  
Has your child ever harmed him or herself intentionally? \_\_\_ Yes \_\_\_ No  
If you've answered yes to either question, please explain.

21. Does your child have any history of physically or verbally aggressive behavior? \_\_\_ Yes \_\_\_ No  
Please be specific and address recent incidents.

22. What are your strengths in your relationship with your child?

23. Is there anything special you want our instructors to know in working with your child?

24. Is there any other information you feel we should know?