



Application Packet

- Parent Information
- Referral Information
- Student Information
- Treatment Goals
- Treatment History
- Educational History
- Positive Peer Culture
- Emotional History
- Substance Abuse History
- Behavioral History
- Social History
- Spirituality
- Developmental History
- Medical History
- Release of Information
- Items to bring on Admission day

**Fax completed application to 435-673-0994
Attn: Admissions**

To ensure a positive therapeutic atmosphere and treatment experience Red Rock Canyon School will base admission approval on the clinical, medical, social, behavioral and academic needs of the prospective student. Previous clinical, medical or academic records may be required to determine eligibility and acceptance to the program. Please complete the Authorization for Release of Records so additional information can be obtained.



Application for Enrollment

Section A - Parent Information

Father's Information

Name:		Date of birth:
Home address:		SSN:
City:	State:	ZIP Code:
Home phone:	Cell phone:	Work phone:
Email address:		Occupation:
Preferred method of contact:		Annual salary:
Marital Status:	If remarried, spouses name:	

Mother's Information

Name:		Date of birth:
Home address:		SSN:
City:	State:	ZIP Code:
Home phone:	Cell phone:	Work phone:
Email address:		Occupation:
Preferred method of contact:		Annual salary:
Marital Status:	If remarried, spouses name:	

Other Parent / Guardian's Information

Name:		Date of birth:
Home address:		SSN:
City:	State:	ZIP Code:
Home phone:	Cell phone:	Work phone:
Email address:		Occupation:
Preferred method of contact:		Annual salary:
Marital Status:	If remarried, spouses name:	

Family Status: Intact Divorced Adoptive Parents Extended family member

If parents are divorced, is custody shared? Yes No Sole custody granted to:

Living Status: who does the student live with?

List names and ages of siblings and other family living in the home:

Section B - REFFERAL INFORMATION

How were you referred to Red Rock Canyon School?

<input type="checkbox"/> Ed. Consultant:	<input type="checkbox"/> Psychiatric facility:
<input type="checkbox"/> Family Therapist / Doctor:	<input type="checkbox"/> Alumni:
<input type="checkbox"/> Wilderness Program:	<input type="checkbox"/> School Counselor:
<input type="checkbox"/> Website:	<input type="checkbox"/> Other Program:
<input type="checkbox"/> Adoptions Assistance Program:	<input type="checkbox"/> Diversion Program:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:



APPLICATION FOR ENROLLMENT

Section E - TREATMENT HISTORY

Outpatient Therapy	Name:	Dates:
	Address:	Therapist:
	City, State, Zip:	
Mental Health Hospitalization	Name:	Dates:
	Address:	Therapist:
	City, State, Zip:	
Substance Abuse Program	Name:	Dates:
	Address:	Therapist:
	City, State, Zip:	
Other	Name:	Dates:
	Address:	Therapist:
	City, State, Zip:	
Other	Name:	Dates:
	Address:	Therapist:
	City, State, Zip:	

Section F - Educational History

Current School:		Current grade:	
Address:		Approximate GPA:	
City, State, Zip:		Deficient in credits?	
Phone:		Failing current courses?	
Counselor:		Failed any grade level?	
What are the student's current academic needs?			
Has the student ever been suspended or expelled from school? If yes, please explain:			
Does the student have an IEP or receive special education services for a learning or emotional disability?			
Does the student require any academic accommodations to increase productivity or performance?			
Describe the student's level of academic functioning; at or above grade level, honors, remedial courses:			
Please provide a brief summary of the student's general academic performance in the following areas:			
Elementary school:			
Middle school:			
High School:			
Favorite classes:			
Least favorite classes:			
Is the goal for the student to earn a high school diploma at Red Rock Canyon School?			



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Section G – Positive Peer Culture

Positive Peer Culture delivers a conflict-resolution approach and is the managing therapeutic model throughout the milieu. This methodology facilitates an atmosphere of kindness, firmness, dignity and respect in which adolescents can best learn responsibility. PPC is solution oriented, which gives the student experience in problem solving personal and group issues as well as developing responsibility for their actions and accountability to the group as a whole. The 12 behavior systems identified in the PPC model are listed below. Please indicate each behavior system that describes your student.

<input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Misleads others	<input type="checkbox"/> Stealing
<input type="checkbox"/> Inconsiderate of others	<input type="checkbox"/> Easily misled by others	<input type="checkbox"/> Drugs and alcohol
<input type="checkbox"/> Inconsiderate of self	<input type="checkbox"/> Aggravates others	<input type="checkbox"/> Lying
<input type="checkbox"/> Authority problem	<input type="checkbox"/> Anger problem	<input type="checkbox"/> Fronting

Section H - Emotional History

Has the student experienced a traumatic event; physical or sexual abuse, rape, violence, loss, grief?

Has there been a major change of environment: divorce, separation, relocation, new home, new school?

Have you observed depressive symptoms, isolation, or mood swings?

Have you observed bizarre or unusual behaviors; hallucinations or delusion?

Does the student have low self confidence, self-esteem, or significant insecurities?

Describe any history of cutting, self-harm, suicidal thoughts or attempts:

Describe any concerning sexual behavior (promiscuity, inappropriate relationships, acting out)

Does the student exhibit any eating disorder behavior? (Binging, purging, restricting, use of diuretics)

Additional information or concerns:



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Section H - Substance History

Does the student use drugs or alcohol?

List all known substances used:

Frequency of use:

At what age did use begin?

Are drugs or alcohol used alone, with peers, or both?

Is there a family history of substance abuse?

Has student had counseling or enrolled in treatment for substance abuse?

Has student recognized a problem or expressed a desire to quit using?

What areas of the student's' life have been impacted by substance use?

Family relationships

Physical Health

Spirituality

Trust - dependability

School

Self-esteem

Friendship- Peer Group

Work

Emotional - Mood

Other:

Section I - BEHAVIORAL HISTORY

Describe history of peer relationships (makes friends easily, sabotages relationships changes friends often)

Is the student respectful of authority; parents, school, advisors:

Has the student displayed hostile, aggressive or violent behavior with family members in the home?

Has the student displayed hostile, aggressive or violent behavior with peers?

Describe any history of run-away behaviors: (duration, location, maintained contact)

Has the student ever been arrested or charged with a crime?

Does student have a history of stealing, shoplifting?

Additional information or behavioral concerns:



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Section J - SOCIAL HISTORY

Describe the student's main peer group:

Does peer group tend to change frequently?

How many close or long-term friends does student have?

Does student tend to isolate from peers or known as a loner?

Is student inclined to be a leader or follower in peer relationships?

Do parents typically approve of peer group?

Does student feel accepted by positive peers?

Does student exhibit social awkwardness or inability to connect with peers?

Does student tend to gravitate toward same age level peers, or younger / older peers?

Does student participate in extra-curricular, sports, or community or leisure activities?

Is the student sexually active?

In a relationship?

Additional information:

Section K - SPIRITUALITY

Does student have a religious preference?

Religion:

Does the student participate in church activities; youth groups?

Does student believe in a higher power?

Are parents supportive of student's religious beliefs?

Will the student be interested in pursuing spiritual / religious pursuits during treatment? (Bible study or requesting visits from clergy is not part of the treatment program but available to interested students with parental consent)

Additional information:



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Section K - Developmental History

Were there any complications during pregnancy or childbirth?

Were developmental milestones achieved within appropriate ranges? (crawling, walking, talking, etc.)

Provide a brief summary of personality and behaviors at the following stages:

Infant / Toddler:

Child:

Pre-teen:

Teen:

Describe the relationship the student has with parents:

Describe the relationship the student has with siblings:

Describe student's personal traits:

Strengths, talents, abilities:

Weaknesses, insecurities, difficulties:

Indicate how many hours per week the student devotes to the following:

Time with family:

Time with friends:

Time alone:

Time on the internet:

Time on schoolwork:

Time on sports, hobbies, etc. (please indicate type of activity)

Other:

Additional Information:



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Section M - Medical History

Describe student's general health:

List any current or past medical conditions:

List all current medications:

Date of last medical exam:

Date of last dental exam:

List any allergies:

List any major injury, surgery or illness:

Are there any medical or physical limitations that would prohibit regular participation in daily activities?

Does the student wear glasses, contacts, braces, hearing aids, or require orthopedic devices?

List any special dietary needs: (food allergies, vegetarian, religious restrictions, etc.)

List all medical providers including hospitalization, family doctor, therapist, psychiatrist, etc.

Provider name:	Dates of service:
Address:	Treated for:
City, St, Zip:	
Phone:	
Provider name:	Dates of service:
Address:	Treated for:
City, St, Zip	
Phone:	
Provider name:	Dates of service:
Address:	Treated for:
City, St., Zip	
Phone:	
Provider name:	Dates of service:
Address:	Treated for:
City, St., Zip	
Phone:	



Attachment 1 - AUTHORIZATION FOR THE RELEASE OF INFORMATION

RECORDS REQUEST

I, _____, the legal parent or guardian of _____ the below mentioned minor, authorizes **Red Rock Canyon School** to request and receive records and information pertaining to medical, clinical, and educational information, including dates of service or enrollment, course of treatment, prognosis, diagnosis, evaluation and assessment, counseling notes, substance abuse treatment, and academic records.

**A separate signed release is required for each facility.
This authorization is valid for one year from the date of signing, revocable by written request.**

Name of Client:	
Date of birth:	
Approx service dates:	
Name of Facility:	
Name of Provider:	
Phone Number:	
Fax Number:	

Requested information

Academic records, testing, report card, IEP records	Psychological Testing
History and Physical Examination	Treatment History
Lab Reports	Treatment Plan
Medication Reports	Discharge Summary

Parent / Guardian Signature _____ Date _____

Red Rock Representative _____ Date _____

**Please fax all requested records to 435-673-0994
Attn: Admissions Department**

As required, mail paper copies to:
Red Rock Canyon School
Attn: Admissions Department
747 E. St. George Blvd
St. George, UT 84770
435-673-6111



What to Bring on Admission Day

Paperwork

- Original Application
- Signed Contract Agreement
- Tuition and Enrollment Fee
- Copy of Birth Certificate

Medical

- 2 week medication supply
- List of medication & dosages
- Copy of Insurance Card
- Immunization. Records

Female Clothing List

- 5 pair of pants (can be combination of pants, jeans and knee length shorts)
- 2 pair athletic shorts
- 2 pair pajamas
- 1 pair of athletic shoes
- 1 pair of sandals or slippers
- 1 pair of flip-flops
- 5 bras
- 8 pair of underwear (no thongs or g-strings)
- 8 pair of socks

Male Clothing List

- 5 pair of pants (may combine pants, jeans and knee length shorts)
- 2 pair athletic shorts
- 2 pair pajamas
- 1 pair of athletic shoes
- 1 pair of sandals or slippers
- 1 pair of flip-flops
- 8 pair of boxers or briefs
- 8 pair of socks

Red Rock provides each student with:

- 5 Red Rock shirts
- 1 heavyweight Red Rock sweatshirt

Personal Items

- Photos (limited to family)
- Stuffed animal
- Journal
- Stationery
- Pens, pencils
- Books (of appropriate nature)
- Spiritual or Inspirational books
- Jewelry (no valuables)
- Brush or Comb
- Hair bands
- Face wash
- Hair styling products

All hygiene products must contain no or minimal alcohol content – no aerosols of any kind. Mouthwash must be alcohol-free.

Optional items

Red Rock supplies these items; the following personal items are optional)

- Pillow
- Twin size blanket
- Shampoo & Conditioner
- Shampoo & Conditioner
- Deodorant

Items not permitted at Red Rock

- Electronic devices
- Magazines
- Over the counter medications
- Gum, candy, snacks
- Glass items
- Razors

*We encourage our students to pursue interests and talents such as art, music, etc. After the student demonstrates a level of trust, permission to bring in items such as musical instruments, art supplies, etc. can be discussed and approved through our Residential Director.