



HFI Specialized Learning
Restoring Hope, Transforming Lives

Disposition (intake) Meeting Notes

Student's Name: _____ Meeting Date: _____ Time: _____

School District: _____ DOB/Age: _____

Enroll Date: ___/___/___ Length of Stay: _____ Grade: _____ Gender: ___ Race: _____

Reason for Placement:

Learning Needs/Grade average(performance): _____

Behavioral or Concerns: _____

Parent/Guardian Name: _____ Contact Number: _____

Address: _____

Parent email address: _____

Alternate Contact Name: _____ Contact Number: _____

Emergency Contact Name: _____ Contact Number: _____

CURRENT RESOURCES:

Probation: Y N If yes, Name Probation Officer name: _____

Probation officers contact number: _____

CYF: Y N If yes, Name OF Caseworker: _____

Office: _____ Contact Number: _____

Drug and Alcohol Treatment: Y N If yes, Facility Name: _____

Contact Name: _____ Contact Number: _____

OP Treatment: Y N If yes, OP Treatment Facility: _____

Contact Name: _____ Contact Number: _____

Mental Health Diagnosis: _____