



**CONFIDENTIAL INFORMATION**



**Acceptance & Commitment Therapy- Informed Behavior Intervention, Project Based Learning, Outdoor Education & Function-Based Restorative Practice**

217 Pearl St., Essex Junction, VT 05495 – (802) 825-2233 [info@tworoadsacademy.org](mailto:info@tworoadsacademy.org)

1. Please complete the form below to the best of your knowledge
2. Complete the attached Consent to Share Records release form
3. Please include the following documents:
  - i. Most recent IEP/504
  - ii. Most recent IEP evaluation
  - iii. Copies of all evaluations (cognitive, psychological)
  - iv. Copies of any office disciplinary referrals (e.g. SWIS data)
  - v. Functional Behavior Assessment/similar
  - vi. Behavior Support Plan (or BIP)
4. Submit all documents to Hari Hoff at [hari@tworoadsaacademy.org](mailto:hari@tworoadsaacademy.org) and Katherine Lee at [klee@tworoadsacademy.org](mailto:klee@tworoadsacademy.org) or mail to the address below.  
Two Roads Academy, 217 Pearl Street Essex Junction, VT, 05452

Upon receipt of the form and associated paper work we will:

1. Review your application and
2. Set up an interview with the Student's educational team.
3. Conduct an observation of the student when possible
4. If we are able to offer placement for your Student at Two Roads, we will set up a meeting with the family and student to answer any questions they may have and share the environment with them.
5. Once a student is officially enrolled, we will require 1 week to prepare for their arrival. During that time, we will arrange an interview with the student at Two Roads to have a discovery discussion regarding their interests, passions, opportunities for off campus learning and projects with which to begin designing their curriculum

Thank you for your interest in partnering with Two Roads Academy.



**CONFIDENTIAL INFORMATION**

Student Name:		Grade:	
Date of Birth:		Teacher/Special Educator:	
Parent/Guardian:		IEP/504?:	
Parent/ Guardian Contact Information	Phone:  Email:	Diagnosis:	

Referring LEA:	
Referring Individual Name and Title:	
Email:	
Telephone:	
Other team members: (Special Educator, SLP, OT, Therapist, Guidance Counselor, etc.)	

I have uploaded or attached signed consent for sharing of information form, signed by parent/guardian.



**CONFIDENTIAL INFORMATION**

Primary referring behavior:	
Frequency of referring behaviors:	
Interventions/levels of support already tried (Check in-Check out, BI, Alternative classroom, tutoring, BSP, etc.)	

Primary Care Physician:	Name:	Contact information:
Therapist:	<input type="checkbox"/> Does not have one <input type="checkbox"/> Has one assigned/working with one	Name & Contact information of therapist:
Psychiatrist	<input type="checkbox"/> Does not have one <input type="checkbox"/> Has one assigned/working with one	Name & Contact information of therapist:
Medications	Prescribed by:	Medications: dose and delivery:
Past outside placement:	<input type="checkbox"/> Has not experience past outside placement <input type="checkbox"/> Has experiences past outside placement	Please list location and dates of outside placement:
Other health concerns/considerations	Please list:	Please list treatments:

Personalized Learning Plan	<input type="checkbox"/> Does not have a PLP <input type="checkbox"/> Does have a PLP	If they have a PLP, who holds this?
----------------------------	--	-------------------------------------



**CONFIDENTIAL INFORMATION**

Academic areas of struggle for the student:		Are these addressed through their IEP/504? Other?
Academic areas that student excels in:		
What gaps in knowledge does this student have? Are there specific gaps in knowledge or skills that prevent this student from moving forward with their peers in school? (content areas or social/cognitive functioning)		
What is the best learning environment for client?		
What is the best learning modality for your student?		

**Please tell us more about this student:**

What are the student's strengths?

Tell us a little about the current challenges. Please include challenges that were present in the past and have not been seen for more than 6 months, as well as current challenges.

Has this student experienced physical, sexual, or emotional trauma in his/her life? If so, at what stage of development, or is it continuing/chronic?

What interventions and/or strategies have been tried so far in school to help this student? How have teachers



**CONFIDENTIAL INFORMATION**

typically reacted to this student's challenging behaviors?

What types of environments have been determined to best meet this student's emotional and academic needs?

How have peers typically reacted to this student's challenging behaviors?

Tell us a little bit about this student's social life within school. (i.e. does he/she have friends? Is he/she eager to please/impress friends? Does he/she make detrimental choices regarding choosing friends? Do friendships mirror outside dysfunctional relationships?)

Does the student's cognitive profile match their performance on academic tasks? If not, what is the team's current thinking about this?

What has been the most successful academic moment for this student at your school?

Please use this space to share anything you feel is important about your student that we have neglected to include as part of this application.



**CONFIDENTIAL INFORMATION**

**Transition/Reintegration Planning**

As a part of all applications, Two Roads Academy would like to know the student’s team’s hopes and goals for reintegration of this student back into the sending school environment. Two Roads Academy is committed to observable measurable goals and a systematic fading with regard to reintegration planning. We will provide training and support to sending school staff during any reintegration in order to create best potential for success without regression. We believe reintegration plans are fluid documents that should be revisited many times throughout a student’s enrollment and reintegration, and updated as needed.

1. What would you like to see in behaviors (including internal self regulation) prior to beginning reintegration?
  
2. What goals do you have for this student’s academic performance?
  
3. What areas of growth are most important to demonstrate prior to considering reintegration?

On a scale of 1-10, where 10 is ready to begin reintegration, where is the student currently functioning with regard to the following areas?

<b>Domain</b>	<b>1-10</b>
Emotional Self Regulation	
Academic Persistence	
Academic Initiation	
Social Fluency	
Life Skills (risk taking, judgement)	

What other considerations would you like to see in place regarding re-integration planning?



**CONFIDENTIAL INFORMATION**

**RELEASE INFORMATION AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the release of information from and between:  
*(Parent/Guardian Name)*

\_\_\_\_\_ and Two Roads Academy and its representatives regarding my student,  
*(School/Organization Name)*

\_\_\_\_\_ *(Student Name).*

**INFORMATION TO BE RELEASED:**

This disclosure is for the purpose of: Enrollment application for potential placement with Two Roads Academy and includes academic, behavioral, health, and other records as deemed pertinent by the LEA to potential enrollment at Two Roads Academy.

**CONDITIONS OF RELEASE:**

I understand that my signature authorizes the release of this information only between the above-named persons or agencies.

This information will not be made available to others who request it secondarily and will not be re-released to any other person or agency except as authorized under FERPA 34CFR Part 99.

I understand that I may revoke this authorization at any time by giving written notice to Two Roads Academy.

\_\_\_\_\_  
Parent/Guardian Signature (if student is a minor)

\_\_\_\_\_  
Date



**CONFIDENTIAL INFORMATION**

**Additional Questions to Inform Therapeutic Treatment**

1. How much time does this student spend dwelling on the past or fantasizing/worrying about the future? (i.e. minutes, days, weeks).
  
2. Are there any specific topics that the student worries about most with regards to the future or dwells on from the past?
  
3. Are there any rigid rules or expectations which the student lives by which appear to get in their way of accessing their school, family life, or friends? If so, what are they?
  
4. Have they shared any criticisms, judgements or ideas of hopelessness or worthlessness to you or others? What have they shared about these?
  
5. Does it appear as though the student is avoiding any thoughts, feelings or memories by engaging in maladaptive behaviors/actions? What specific behaviors/actions to they engage in when engaging in avoidance?
  
6. How do you think your student sees themselves? Do they see themselves as broken/damaged/unlovable/weak/stupid, and so on, or do they perhaps see themselves as strong/superior/successful?
  
7. Does your student define themselves in terms of their body, or a character trait, or a particular role, occupation, or diagnosis? (i.e. When they meet someone new what do they introduce themselves to the new person as?)





**CONFIDENTIAL INFORMATION**

8. Does your student act in ways which seem to go against how they have said that they want to be? (i.e. Your student says they want to be a good friend but often gets into arguments with their friends)
  
9. Are there any impulsive, avoidant, or self-defeating actions is your student engages in? What do these behaviors/actions look like or sound like?
  
10. Are there any specific people, places, situations, and activities is they are avoiding or withdrawing from? If so, what are they and why do you think that is?
  
11. Does your student continue to make choices which seem ineffective to you? If so, what are the choices and behaviors/actions they engage in?
  
12. Does your student continue to engage in the same action hoping for a different outcome? If so, what is the behavior/action they continue to engage in and what is the outcome you think they are hoping for?