

	Admission Criteria	Admission Preclusions	Discharge Criteria
<p>853 Day Program (Day Students, only)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Student is a resident of New York State <input type="checkbox"/> Student is 5-21 years of age <input type="checkbox"/> Student has been referred by School District CSE <input type="checkbox"/> Student's primary diagnosis is a developmental disability (i.e., TBI, Mental Retardation, Autism, etc.) with a Full Scale IQ of 70 or below <input type="checkbox"/> Student's disability and/or behavior impairs social or academic ability <input type="checkbox"/> Student's academic level to be attained is an IEP diploma with evaluation by the New York State Alternate Assessment <input type="checkbox"/> Student exhibits willingness and/or potential to actively participate in treatment <input type="checkbox"/> Parent/guardian agrees to be an active part of treatment plan <input type="checkbox"/> Parent/guardian agrees to maintain updated records (i.e., address, phone, etc.) 	<ul style="list-style-type: none"> <input type="checkbox"/> The student is not 5-21 <input type="checkbox"/> If 18 or older, rule out adult placement <input type="checkbox"/> Student has not been referred by School District CSE <input type="checkbox"/> Student does not have a developmental disability and their Full Scale IQ is over 70 <input type="checkbox"/> Student has significant involvement with legal system or a character disorder involving arson, anti-social acts, substance abuse, sexual predatory behavior, etc. <input type="checkbox"/> Student exhibits excessive violence to self or others or has history of making threats involving weapons <input type="checkbox"/> Student has significant medical issues that require extensive nursing care <input type="checkbox"/> Student has significant history of psychiatric admissions <input type="checkbox"/> Student presents an unwillingness or lacks potential to actively participate in treatment <input type="checkbox"/> Parent does not agree to placement or does not agree to provide updated records 	<ul style="list-style-type: none"> <input type="checkbox"/> Student meets an Admission Preclusion <input type="checkbox"/> Parent/guardian or student is unwilling to participate in treatment plan as outlined (i.e., accessing mental health services, utilizing medications to treat psychiatric conditions, etc.) <input type="checkbox"/> Student meets goals for referral back to home school district <input type="checkbox"/> Program is no longer able to meet the student's medical, behavioral or mental health needs <input type="checkbox"/> Significant amount of illegal absences <input type="checkbox"/> Parent/guardian does not agree to maintain or provide updated records (i.e., address, phone, etc.)

Student's Name: _____ Date of Birth: _____