

Orchard Academy

7669 Marmora Avenue

Skokie, IL 60077

Application and Intake Form

Date: _____ Student Name: _____

Parent Name: _____ Contact Number: _____

Address: _____ Current Program: _____

District: _____ Contact Person: _____

Reason for considering Orchard Academy: _____

Student's Disability: _____

Outside agencies, therapies or services student receives: _____

What areas does the student need to work on? _____

Behavior concerns: _____

Orchard Academy will require a student's current IEP and 3 year re-evaluation, behavior plan (if necessary) and medical plan (if necessary) to evaluate if a student is appropriate for the program. Please see the "Linkage Plan" for details as to how students are linked to Orchard Academy.

Please mail to Orchard Academy, Attention: Cindy Ciluffo, School Social Worker