

# Student Interagency Information Form

June 2015

Date Completed: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School \_\_\_\_\_ Attended: \_\_\_\_\_

Parent/Guardian

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Emergency#: \_\_\_\_\_

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1. Does the student receive **Special Education Services**? YES NO

2. Does the student have a **DHS or CUA caseworker**? YES NO

If yes: Caseworker's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. Does the student have a **Child Advocate**?

If yes: Advocate's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

4. Is the student in the **Foster Care System or Kinship Care or residing in a Group Home**?

YES NO

Name the student's living arrangement: \_\_\_\_\_

a) **Foster Parent Name**(s): \_\_\_\_\_ Telephone#: \_\_\_\_\_

OR

b) **Kinship Care** Parent Name(s): \_\_\_\_\_ Telephone#: \_\_\_\_\_

OR

c) **Group Home** Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Email: \_\_\_\_\_

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5. Does student have a **TSS, Mobile Therapist, or BSC**? YES NO

a) **TSS** Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

b) **Mobile Therapist** Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

c) **BSC** Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

6. Does the student have a **Juvenile Probation Officer (PO)**? YES NO

If yes: PO's Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

7. Does the student have **STS Services**? YES NO

If yes: Program Name? \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

8. Does the student receive any **Outpatient Therapeutic Counseling Services**? YES NO

If yes:

Contact Person: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_

9. Is the student taking any **Medication(s)**? If yes, name the medication(s):

\_\_\_\_\_

10. Other:

\_\_\_\_\_

School Staff Completing Information Form: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Mrs. Dianne Thomas, M. Ed.  
Director of Special Education/Pupil Services  
Mount Union Area School District  
Office of Special Education  
Telephone 814-542-2518. Ext. 162  
Email: [dthomas@muasd.org](mailto:dthomas@muasd.org)