

*Harvey Atkins, LMHC, Clinical Supervisor*  
**Wayside Academy**  
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**Student:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Reason For Referral:** \_\_\_\_\_ **School District Address:** \_\_\_\_\_

**Guardian Contact Information:** \_\_\_\_\_ **School District Contact:** \_\_\_\_\_

**Program Description:  
 45 Day Diagnostic Placement**

Wayside provides an Interim Assessment Program to students who require a detailed functional and clinical understanding of behavior. The placement is an alternative assessment program for students who present with emotional and behavioral challenges that directly impact their academic performance, school attendance or community membership.

The placement is designed for student's ages 12-18 who may be receiving special education services, 504 services or standard traditional learning, not yet with supports. The 45-day placement will provide the following in a highly structured therapeutic milieu: (1) Functional Behavioral Assessment (FBA) (2) weekly counseling services (3) group counseling (4) crisis intervention (5) behavioral strategy development (6) core curriculum instruction provided by Licensed Educators in an accredited Chapter 766 Special Education School. In addition to the standard FBA, each student will be provided the opportunity for a full cognitive, social/emotional and achievement assessments, if desired by referring agency; conducted by a licensed psychologist.

At the time of intake, a meeting time/date will be determined to report findings of assessments, student needs and placement if indicated (between the 35<sup>th</sup>- 40<sup>th</sup> day of placement).

Check of Services Requested	Available Services	Fee	Initial which Programming
<b>Standard</b>	45 Day Diagnostic Assessment FBA and Clinical Assessment Weekly Counseling Crisis Intervention Group Counseling 15 Hours: Core Academics weekly Lunch Behavioral Strategy Development	\$243.54/Day	_____
Additional if Requested for IEP development	Cognitive Assessment Social/Emotional Assessment	\$2000.00	_____
	Achievement Testing	\$400.00	_____

Agreement: By initializing next to the service(s) desired and with signature below, you confirm authorization of services and payment.

**Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_