



Solebury School  
 6832 Phillips Mill Road  
 New Hope, PA 18938-9682  
 Tel: 215-862-5261 Fax: 215-862-3366  
 E-mail: admissions@solebury.org; www.solebury.org

**To Parents:** Please proceed with this form **IF YOUR CHILD** has received professional counseling from a psychiatrist, psychologist, therapist, counselor, or family doctor within the last year. Please print out a copy of this report, sign below authorizing the release and give it to the mental health provider to fill out and return **directly** to Solebury School. **If your child is not receiving any mental health services, you DO NOT NEED to submit this form.**

**CANDIDATE/FAMILY**

By signing below, we give permission to the mental health provider to complete the form and provide this information to the Admissions Office of Solebury School. ***With this signed release, you are also authorizing members of the Solebury School Admissions Office or Julie Laing, School Counselor, to be in correspondence with the medical professional listed below for additional information as needed.***

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_



TO: \_\_\_\_\_

FROM: Scott Eckstein, Director of Admission

RE: \_\_\_\_\_

**To the Mental Health Provider:**

*The Admissions Committee at Solebury School requires information from a mental health provider when a prospective student has been receiving professional counseling. The questionnaire will help us evaluate the student's readiness for Solebury School. We would encourage you to read the description of Solebury, by visiting our website at [www.solebury.org](http://www.solebury.org) in order to gain a more complete perspective of our community. Please do not hesitate to call us if you would like to discuss the student's placement. Thank you for responding to our questions. **The information provided will remain confidential.***

1) Please indicate the inclusive dates of treatment: \_\_\_\_\_

2) If counseling has ceased, who terminated the counseling? \_\_\_\_\_

Why? \_\_\_\_\_

3) What was the presenting problem? \_\_\_\_\_

4) Has there been a history of depression requiring treatment?  no  yes

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5) Has the student demonstrated a willingness to engage productively in the therapeutic process?  no  yes

Explain where the student is in relation to this issue at the present time: \_\_\_\_\_

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6) Has this student shown any suicidal tendencies and or self-injurious behavior?  no  yes

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7) Is the student a danger to himself/herself or others?  no  yes

Explain \_\_\_\_\_

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8) Does this student have a tendency to use drugs, or alcohol, especially when under stress?  no  yes

Explain \_\_\_\_\_

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9) Has this student had peer problems, or problems dealing with authority figures?  no  yes

Explain \_\_\_\_\_

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10) Has this student experienced anxiety that has interfered with their daily activities?  no  yes

Explain \_\_\_\_\_

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11) Has this student been caught stealing?  no  yes

Explain \_\_\_\_\_

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12) Has there been a history of acting out behavior?  no  yes

Explain \_\_\_\_\_

