**Student Application**

**Summit Program of 5280 High School**

**\*\*\*Priority Deadline: February 26, 2018\*\*\***

Dear Student/Parent,

Thank you for your interest in the Summit Program at 5280 High School. The Summit Program supports the educational needs of teenagers in recovery from addiction, eating disorders, and other similar conditions.  It is often scary and overwhelming for a teen to start a treatment program or begin their journey of recovery.  However, becoming substance-free or getting to a healthy weight is only the beginning of building a foundation for a lifetime of recovery.  One of the biggest challenges teens face is when they re-enter school.  Many students report feeling isolated, misunderstood, judged and lost when they return to the classroom.  Studies have shown that young people who start on the path to health but then return to the same people, places and things that got them into trouble dramatically reduce their chances for a successful recovery.

5280's Summit Program offers students in recovery an opportunity to grow (academically, emotionally, socially, and spiritually) by integrating the principles of recovery into their education.  The Summit Program, and the culture and academics of 5280 High School, create an environment where students in recovery can truly flourish.

*Enrollment into the Summit Program is through a different process than standard enrollment at 5280.*

**This application must be submitted for consideration for the Summit Program.** For questions, feel free to reach out to Melissa Mouton at 303-525-2771 or [melissa.mouton@5280highschool.org](mailto:melissa.mouton@5280highschool.org).

**\*\*\* This application is confidential and reviewed only by 5280 Summit Program staff.\*\*\***

**\*\*\*Priority Deadline: February 26, 2018\*\*\***

**Please submit your completed application to** [**summitprogram@5280highschool.org**](mailto:summitprogram@5280highschool.org)



**Student Information:**

Student Name:       Age:       Current grade level:

Student Address:       Student email:

Student Cell Phone Number:       Home Phone:       Date of Birth:

**Parent/Guardian Information:**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian #1** | **Parent/Guardian #2** |
| Name |  |  |
| Address |  |  |
| City, State, ZIP |  |  |
| Daytime Phone #1 | (label as W, C, or H) | (label as W, C, or H) |
| Daytime Phone #2 | (label as W, C, or H) | (label as W, C, or H) |
| Nighttime Phone | (label as W, C, or H) | (label as W, C, or H) |
| Email address |  |  |
| Occupation |  |  |
| Employer |  |  |

**Recovery Information:**

Student Sobriety Date:

*Eligibility Requirements for Summit: (please check to confirm eligibility for the student)*

Have 1+ day of sobriety (Pre-Summit Program) **OR**  Have 60+ days of sobriety (Summit Program)

Are an active member of a recovery support group, or in the process of joining one

Show willingness to participate in academic, recovery, and other activities at 5280 High School

Exhibit a strong commitment to recovery and are working a program of recovery (for example, a 12-step program, but 12-step is not mandatory)

Are following their individual plan for recovery (as determined by their counselor, therapist, or group)

Are following recommendations for any medical, mental health, or other significant 2nd-stage recovery issues (as recommended by their recovery program, counselor, therapist)

Have a recommendation from their recovery program that they are ready to enter the Summit Program (recovery group counselor, therapist, etc)

\*Name, Phone & Email of Recommender:

\* Check this box to confirm and give permission for Summit staff to contact the recommender regarding the student’s application and eligibility for the Summit Program.

**How did you hear about 5280’s Summit Program?**

**Describe the student’s history of substance use, addiction, eating disorder, or other related condition:**

**Describe previous treatment programs (residential, outpatient, wilderness, boarding, etc):**

**Describe previous hospitalizations (psychiatric or medical or other):**

**Describe the student’s current program of recovery and their participation in recovery activities:**

**Student Statement: Why do you want to be in the Summit Program?**

**Psychosocial Information (Parents & students may need to fill out together):**

*FAMILY:*

Who does the student live with (list age and relation)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship** | **Age** |  | **Relationship** | **Age** |
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Which of the following best describes the student’s relationship with his/her primary caregiver(s)?

Relationship to student (mom, grandmother, etc):

Very good  Good  Acceptable  Poor  Very Poor  N/A

Relationship to student (mom, grandmother, etc):

Very good  Good  Acceptable  Poor  Very Poor  N/A

Relationship to student (mom, grandmother, etc):

Very good  Good  Acceptable  Poor  Very Poor  N/A

Any important information about his/her relationship with primary caregivers?

Any important information about his/her relationship with siblings?

*FAMILY HISTORY OF SUBSTANCE USE DISORDER, EATING DISORDER, AND/OR MENTAL ILLNESS:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship** | **Diagnosis** |  | **Relationship** | **Diagnosis** |
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Any history of family abuse?

No  Physical  Sexual  Emotional  Verbal  Other

If yes, please elaborate:

Has the family ever been involved in Child Protective Services or foster care?  No  Yes

If yes, please elaborate:

Is the student adopted?  No  Yes If yes, at what age:

*FRIENDS:*

Which of the following best describes the student’s social relationships?

Very good  Good  Acceptable  Poor  Very Poor  N/A

Does the student feel accepted in their peer group?  No  Yes

Please elaborate:

What role does the student usually play in friendships? (leader, follower, aggressor, invisible, etc)

Any other important information about friendships?

*PERSONAL GRIEF:*

What significant losses has the student experienced that are currently impacting him/her? Please elaborate:

*WORK:*

List any jobs the student has had:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Dates** | **Job Title** | **Reason for Leaving** |
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List any volunteer/service work:

*RECREATION:*

List any sports, hobbies, or talents:

How does the student spend his/her free time?

*LEGAL:*

Is the student currently on probation for legal issues?  No  Yes

If yes, please describe the type of offense:

Has the student ever been arrested?  No  Yes

If yes, please elaborate:

Are there any legal situations pending at the present time?  No  Yes

If yes, please elaborate:

Has the student been the victim of violent behavior?  No  Yes

If yes, please elaborate:

Has the student been violent towards others?  No  Yes

If yes, please elaborate:

Has the student been violent or abusive towards animals?  No  Yes

If yes, please elaborate:

*EDUCATION HISTORY:*

Please list three adjectives that best describe the student’s attitude towards school:



Has the student ever failed or repeated a grade?  No  Yes

If yes, please elaborate:

Has the student ever been expelled or suspended from school?  No  Yes

If yes, please elaborate:

Is attendance at school a challenge?  No  Yes

About how often does the student miss an entire day of school?

0-5 days/year  1-2 days/month  1-2 days/week  3-4 days/week  Every day  Unsure

About how often is the student late to school?

Rarely  1-2 days/month  1-2 days/week  3-4 days/week  Every day  Unsure

Approximate number of days out of school last year:

*EMOTIONAL / PSYCHIATRIC HISTORY:*

Does the student have any current psychiatric diagnoses? Please describe.

Please check any of the following symptoms and/or signs that the student is currently experiencing or has experienced in the past (even if not formally diagnosed):

Depression  Anxiety  Panic attacks  Obsessive/Compulsive Disorder

ADD/ADHD  Oppositional Defiance Disorder  Conduct Disorder  Bipolar Disorder

Mania  Personality Disorder  Psychosis  Paranoia  Schizophrenia/Schizoaffective

Autism spectrum  Fire starting  Other:

Please elaborate on any checked boxes:

Any signs, symptoms or diagnoses of an eating disorder (vomiting after meals, binge eating, not eating, skipping meals, using laxatives or diet pills, obsessive exercise, extreme calorie restriction/counting, etc)?

Please describe (if not described in detail on page 3):

Any history of past suicide attempts or self-harm?

No  Yes, past suicide attempt(s)  Yes, cutting  Yes, other:

If yes, please elaborate:

Any compulsive behavior around the following:

TV  Cell phone  Shoplifting  Video games  Sex/Love  Gambling

Pornography  Internet  Spending $ / Shopping  Other:

Please elaborate on any checked boxes:

Please list all the medications the student is currently prescribed:

Check any that apply:

Sleeps too much Bored  Procrastinates  Lacks self-confidence  Angry

Lonely  Acts without thinking  Lacks friends  Bad temper  Worries a lot

Unmotivated  Dishonest  Nervous  Dislikes people  People dislike them

Shy  Awkward

Is there anything else you would like to add to this application?

**Application Submission:**

I hereby certify that the information in this application is correct to the best of my knowledge.

Parent/Guardian Electronic Signature:

Date:

Thank you for your application to the Summit Program at 5280 High School. We will contact you soon to set up an interview, so we can get to know your student and family better, and discuss the Summit Program in more detail. For any questions, please email Melissa Mouton at [melissa.mouton@5280highschool.org](mailto:melissa.mouton@5280highschool.org) or call 303-525-2771. Thank you.

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