

**MSM Summer Application for Admission 2018
Behavioral Health Profile
Residential Student applicants *only***

Section I: *The following must be completed by a parent/guardian.*

If your child is applying as a residential student, please complete the following required information:

Child's Full Name: _____ Date of Birth: _____

Gender Identity: Male Female Transgender Other Current Grade: _____

New Student: Yes No (please indicate previous summers attended: _____)

My child is receiving mental health care and/or counseling.

- No
 Yes. If yes, please complete Sections II and III.

ACKNOWLEDGEMENT

By signing this document, I acknowledge that I have read, understood and completed all requested sections of the MSM Summer forms to the best of my ability. I hereby certify that all above information is true and accurate. Any false, misleading, or omission of information may result in rescinding of admissions and/or a forced withdrawal from MSM Summer.

(Parent/Guardian Name – please print)

(Date)

(Parent/Guardian Signature)

Section II: The following must be completed by a parent/guardian.

I consent to and authorize MSM Summer staff to communicate with and receive communication from the mental health professional indicated below. Students treated by more than one professional need to submit a Behavioral Health Profile from each Provider.

(Parent/Guardian Name – please print) (Date)

(Parent/Guardian Signature)

Section III: The following must be completed by the Mental Health Professional.

<p>Provider Contact Information: Healthcare Provider's Full Name and Title: _____ Mailing Address: _____ Office Phone Number: _____ Office Fax Number: _____ Email Address: _____ _____ Provider Signature</p>

Length of Time in Treatment: _____ Date of Last Evaluation: _____
 Ongoing Discharged from Care

1. Please indicate types of treatment received:
- | | |
|--|--|
| <input type="checkbox"/> Hospitalization for Mental Health Treatment | <input type="checkbox"/> Psychotherapy/Counseling |
| <input type="checkbox"/> Psychiatric Treatment | <input type="checkbox"/> Residential/Day Treatment Program |
| <input type="checkbox"/> Other: _____ | |

2. Diagnosis/Treatment Issues: (please check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Anxiety Disorder/Panic Attacks |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Self Harm History |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Suicidal Attempt |
| <input type="checkbox"/> Other: _____ | |

3. Please list medication, if applicable:

4. MSM Summer residential students must be able to live in a college dormitory setting, manage his or her personal care, and move independently to and from each activity. Please list accommodation and/or professional support this applicant might need from MSM Summer staff.

5. Given the college campus environment of MSM Summer, do you believe this applicant will have success at our educational institution? Please support your answer below.

- Yes
- No
- I am unsure

Please explain your answer: _____

6. Additional Comments:

To maintain confidentiality, please return completed forms to the MSM Summer office.

Manhattan School of Music
Attn: MSM Summer
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