



# EAGLE RANCH

P.O. Box 7200 · Chestnut Mountain, GA 30502  
Phone: 770.967.8500 · Fax: 770.967.3757  
EagleRanch.org

## ADMISSIONS RECOMMENDATION FORM

To be completed by person who is currently associated with, or personally knows child being considered for Eagle Ranch. (e.g. pastor or clergy, teacher, principal, school counselor, community counselor, case worker, probation officer, psychologist, psychiatrist, or medical doctor.)

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<b>Name of Child:</b>	Last	First	Middle Initial
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**Name of Person Completing Form:**

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<b>Relationship to Child:</b>	<b>How long have you known child?</b>
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**If necessary, where may we contact you?**

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Home#:	Work#:	Cell#:	Email:
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**Brief Description of Child's Current Behavior:**

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**Child's Strengths:**

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**Child's Weaknesses:**

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**Major Incidences of Child:**

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**Family History and Dynamics - List Major Incidences** (e.g. divorce, separation, drug, alcohol, physical, emotional, or sexual abuse, death, incarceration)

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**Signature**

**Date**