



Best Buddies Intake Form

Date:

Teen Name _____ **Home Phone** _____
Address _____ **Birth Date** ___/___/___ **Age** ___ **Grade** ___
City, State, Zip _____

Parent Information

Parent/Guardian Name _____
Cell Phone _____ **Work Phone** _____
Email _____

Parent/Guardian Name _____
Cell Phone _____ **Work Phone** _____
Email _____

Emergency Information

Emergency contact _____
Home Phone _____ **Work Phone** _____
Cell Phone _____ **Relationship to child** _____

Participant Information

Diagnosis/Classification _____

Allergies _____
Medication _____
Primary Physician _____ **Phone:** _____

Likes (i.e. activities, t.v shows, sports, music etc.)

Dislikes _____

How does your teen react to new social situations?

What helps them feel comfortable and participate in group activities?

How does your child express themselves and their needs?

Are there any reminders or cues needed during a 2 to 3 hour event?

What behaviors would need redirection and what redirection method works best?

Describe your teen's behavior when he/she is having difficulty (i.e. anxious, nervous, transitions, not getting his/her way, anger, etc.)

If your child becomes upset, what calming techniques work in a group setting?

Is there any information (not requested) which would assist your teen in participating in a group activity?

Please describe your child's typical social interaction with peers:

Please describe your child's typical social interaction with adults:

School Information

School your teen attends (Name & city/town) _____

Type of class (i.e. resource, self contained, etc.) _____

Student/teacher ratio: _____ Does your teen have a one-to-one aide? ___ Yes; ___ No

Consent for Video/Pictures in Promotions

I _____ give permission for my child _____ photo or video to be used for JCC media or local newspaper. If just one place, please circle otherwise your signature consents for both.