



Date: _____

Springfield JCC Kids Special Needs Intake Form

Name _____ H. Phone _____
Address _____ Birth Date ____/____/____ Age _____
City State Zip _____

Parent/Provider Information

Parent/Provider Name _____ Birth Date ____/____/____

Cell Phone _____ Work Phone _____

Email _____

Parent/Provider Name _____

Cell Phone _____ Work Phone _____

Email _____

Emergency Information

Emergency contact _____

Home Phone _____ Work Phone _____

Cell Phone _____ Relationship to participant _____

Participant Information

Diagnosis/Classification _____

Allergies _____

Dietary Restrictions/Food Allergies _____

Medication _____ Primary Physician _____

_____ Phone: _____

Consent for Video/Pictures

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 is for both.

Agency Information

Agency if applicable: _____ Contact name: _____
Phone number: _____ Agency email: _____

Areas of Interest

Likes (i.e. hobbies, leisure activities) _____

What activities would you be interested in participating in?

If you could do anything, what would you do?

What are some activities that you would not like to do?

Areas of Need

How does the participant communicate their wants and needs? _____

Describe his/her behavior when having difficulty? (not getting his/her way)

How does he/she react to stress? Transitions? _____

What are some effective strategies that would work in a group setting? _____

What are some calming techniques that would work in a group setting? _____

Describe in detail the method of redirection used at home or at school?

How does your child display anger? _____

Is there any information (not requested) which would assist your child in participating in a group activity?
Information you would want a group leader to know? _____

Please describe your child's typical social interaction with the following:

a. Siblings (please list siblings names and ages) _____

b. Adults _____

c. Peers _____

School Information

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

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

Grade: _____

Student/teacher ratio: _____ Does your child have a one-to-one aide? ___Yes ___No

Services received in school (i.e. speech/language, adaptive physical ed, etc.) _____

Out of school services _____

Extra-curricular activities

Please explain or offer any additional information you feel the program staff should be aware of for your safety and comfort, including any special accommodations _____
