



Date: _____

Adult Special Needs Intake Form

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

Parent/Guardian Information

Parent/Provider Name _____
Cell Phone _____ Work Phone _____
Email _____
Parent/Provider Name _____
Cell Phone _____ Work Phone _____
Email _____

Is English your primary language?
Yes No
If no, what language do you speak? _____

Agency Information

Agency Name: _____ Contact Person: _____
Phone number: _____ Email: _____

Emergency Information

Emergency contact _____
Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to participant _____

Participant Information

Diagnosis/Classification: _____
Allergies: _____
What are the medical issues we need to know about, such as seizures, diabetes, medications, swallowing water, atlantoaxial instability, toileting issues? _____

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.

Areas of Interest

What does the participant **like** to do for fun? (i.e. hobbies, leisure activities):

What activities would the participant be interested in participating in?

If you could do anything, what would you do?

What are some activities that the participant **does not** like to do?

Areas of Need

How does he/she communicate their wants and needs? (please circle)

Vocally Gestures Pictures First/Then Boards Sign Language AAC/Communication Device

Other (please explain): _____

Describe his/her behavior when having difficulty? (not getting his/her way and/or reaction to stress)

Tantrum

Hit self or others

Bite self or others

Yell

Cry

Throw items

Head bang

Aggressive Behaviors to self or others

Other or explanation: _____

Transitions/changes in routine?

Needs Prior Warning

Needs Countdown

Other or explanation: _____

What are some effective, or calming, strategies that would work in a group setting?

Visual Schedule

Fidget Tools

First/Then Boards

Transition Warnings/Countdowns

Space to Take a Break

Ignoring

Restate Expectations

Other or explanation: _____

What potential barriers exist that might prevent him/her from fully participating in a community program?

What are the times during the week that are conducive for program participation? (daytime/evening/weekend)

What level of staffing does the participant require in the community? _____

Are there any goals you have for the participant to work on or improve upon? _____

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 _____
