



Date: _____

Kids Special Needs Intake Form

Child'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 your child **like** to do for fun? (i.e. hobbies, leisure activities):

What activities would you be interested in your child participating in?

If you could do anything, what would you do?

What are some activities that your child **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	First/Then Boards	Transition Warnings/Countdowns	Ignoring
Fidget Tools		Space to Take a Break	Restate Expectations

Other or explanation: _____

Describe in detail the method of redirection used at home or at school? Are there current systems being used? What tools are being used? (example: token boards and what type of familiar tokens)

Please explain:

How does your child display anger?

Verbalizes

Tantrum

Hitting self or others

Biting self or others

Yell

Cry

Throw Items

Other or explanation: _____

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

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

Out of school services received: _____

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 _____
