



Date: \_\_\_\_\_

### Tween/Teen 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 \_\_\_\_\_

---

---

---