



SensiPlay

In collaboration with Bay Pay University
Enhancing Sensory, Fine and Gross Motor Skills

Date: _____

Registration and Intake Form

Child's Name _____ Birth Date ____/____/____ Age _____

Address _____

City, State, Zip _____

Parent/Provider Information

Parent/Provider 1 Name _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Provider 2 Name _____

Cell Phone _____ Work Phone _____

Email _____

Emergency Information

Emergency Contact (different from parent/provider listed above) _____

Cell Phone _____ Work Phone _____

Relationship to participant _____

Participant Information

Diagnosis/Classification _____

Allergies _____

Dietary Restrictions/Food Allergies/Seizures _____

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

What does your child like to do for fun? (i.e. hobbies, leisure activities):

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

Sign Language

AAC/Communication Device

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

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

Out of school services: _____

Extra-curricular activities: _____

Please share any other information that pertains to your child's safety and comfort in the program:

Please share your perceptions of your child's sensory strengths and weaknesses:

Sensory Area:	Over sensitive: Bothered by, excessive, responds to-	Under sensitive: Does not notice, does not respond-
Vestibular (movement)		
Proprioception (body awareness)		
Tactile (touch)		
Auditory (sound)		
Visual (vision)		

Please note current level of assistance required to complete Activities of Daily Living tasks:

ADL Area	No help needed-independent	A little help needed	A lot of help needed	Total assistance-Dependent	Comments and any adaptive equipment used (adaptive eating utensils, wheelchair, etc.)
Able to follow social distance guidelines					
Able to wash hands					
Able to wear a mask					
Dressing					
Toileting					
Eating					

I give permission for my child to use hand sanitizer (circle and initial) YES NO

Initial_____

Please describe your child’s fine motor and gross motor development and skills. Are there any concerns? If so, please list:

What are you hoping your child will gain from participating in this Sensory Motor program?

I give permission for my child to participate in SensiPlay at the Springfield Jewish Community Center.

_____ (Parent/Guardian)

Date_____