



## Sample Intake Form for Church

Participant's name: \_\_\_\_\_

By what name does the participant prefer to be called: \_\_\_\_\_

Participant's birthday: \_\_\_\_\_

Is attending church a new experience? YES NO

What are his/her special interests?

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What are his/her special gifts?

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What methods of communication does the person use?

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Do you have a goal you hope your child can achieve through this church/Sunday School experience? (The goal may be as simple as being able to participate in the service, receive Communion, etc.)

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What is helpful for holding his/her attention?

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What are signs of enjoyment (flapping, screeching, jumping up and down, etc.)?

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How would you describe his/her social relationships?

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What are the triggers for outbursts or melt downs (i.e. loud noises, being touched, transition without warning, etc.)?

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What are the signs of anxiety or that a meltdown is coming (rocking, covering ears, flapping, vocalizations, etc.)?

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What calms the person down (removal of stimulus, hugging, giving of "security" object, counting, removal from environment, etc.)?

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Are you willing to share a copy of his/her IEP or Behavior Intervention Plan?    YES    NO

Does the person need constant one-on-one assistance?    YES    NO

If yes, could the aide or parent eventually be phased out?    YES    NO

What other behaviors do we need to know about (eloping, self injurious, aggression, attacking, hitting, biting, etc.)?

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Parent(s)/Guardian(s) name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_