



Sample Intake Form

Participant's name: _____

By what name does the participant prefer to be called: _____

Participant's birthday: _____

Preferred age group/grade for instruction: _____

Is this class/camp/recreational activity/activity a new experience? YES NO

What are his/her special interests?

What are his/her special gifts?

What methods of communication does the person use?

What is the primary goal/objective for the participant in the class/camp/recreational activity/activity (learning the curriculum, safety, overcoming fear, socialization, overall health, etc.)?

What is helpful for holding his/her attention?

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

How would you describe his/her social relationships?

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

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

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

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.)?

Parent(s)/Guardian(s) name: _____

Phone: _____ Email: _____