Intake Form

Child's Name:

Parent(s) Name (s):

Child's Age:

Child's Grade:

Child's Classification:
Classification stated on IEP
Classification stated on other report/ parent
(Additional details)

How did you hear about our program?

Has your child ever attended an after school or camp Program? If yes, where, for how long and what kind of a program was it? Was it successful why or why not?

Why would you want your child to attend our program? Do you think this would be the right program for your child to be successful in?

What would be your goals for your child attending our program? What would you like your child to learn?

What are your child's likes and dislikes?

What are some of your child's strengths and weaknesses?

What would you say are some of the things your child needs help in or with?

Are there any past or present concerns that we may need to know?

Does your child know danger, boundaries, etc?

How does your child handle themselves when they want something and cannot have it?

If your child gets upset what emotions or actions are displayed?
How do you handle it? What are your techniques?

Any additional information to better access and create an appropriate plan to enhance the success of the child