



Intake Form for Person with Special Needs

Date Completed: _____

Person's Name: _____ **Age:** _____

Mother/Guardian First & Last Name: _____

Address: _____

Email: _____

Contact #: _____

Father/Guardian First & Last Name: _____

Address: _____

Email: _____

Contact #: _____

Person's overall medical condition / diagnosis:

Allergies/Food sensitivities: _____

Speech and communication: _____

Mobility: _____

Enjoys/Likes/Areas of Interest: _____

Dislikes/Triggers for frustration or resistance or behavior problems:

The best way(s) to calm him/her when upset: _____

He/she enjoys music (Circle one) YES / NO

He/she is potty trained (Circle one) YES / NO



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He/she is prone to seizures (Circle one) YES / NO

He/she can do these things independently: _____

He/she needs assistance with: _____

Any developmental goals this year to help us better understand this person:

Other important information: _____

Please contact me/if when: _____

OTHER FAMILY INFORMATION

Sibling Name: _____ **Age** _____

Email Address: _____

Contact #: _____

Sibling Name: _____ **Age** _____

Email Address: _____

Contact #: _____

Different person to whom he/she may be released:

Name: _____

Relationship: _____

Contact #: _____

Will the person present an identification card? (Circle one) Yes / No