Initial Intake for Giborim "U"

Date of Intake:_____ **Completed By**: _____

Interviewee: _____ Relationship to Participant: _____

Participant's Name:_____ __ **Age**:_____**DOB:**_____

How Referred to Gib U?_____

Disability/Diagnosis/Eligibility: _____

Exceptionality. Circle all that apply:

Learning Disability (SLD)	Autism Spectrum Disorder(ASD)	Fragile X	Down syndrome
Speech or Language	Intellectual Disability (InD)	Hearing Impaired	SMS
Developmentally Delayed	Emotional/Behavioral Disability(EBD)	ADD or ADHD	Cerebral Palsy

Other_____

Participant Resides With:_____

Parent 1:_____Parent :_____Other:_____

Cell:_____ Cell:_____ Cell: _____

Email:_____Email:_____

School/Adult Day Program Name/Employment Site:

_____

Number of days per week in school or adult program/job schedule: _____

Current Educational Setting (children): Public School: _____
Grade (if applicable)_____ ____ 100% Gen Ed or _____%_____ ,
____ 100% Cluster or _____%_____, Private School, Center School _____
Number of Students in class: _____ Number of teacher/aides (ratio):_____

Any unique, specific or individual needs required in order to participate in the program?

_____
_____
_____

Likes and dislikes? (class preferences)?

_____
_____
_____

Communication:____ Non-Verbal ___AT Device ___Words ___Phrases ___Sentences
___Reads Printed Material ___Writes Describe: _____
_____

Mobility: _____ Does not need assistance ____Needs Assistance: _____

Bathroom: ____Independent: ____ Needs Assistance: Describe: _____

_____

Sensory Issues:___Loud Noises ___Large Groups ___Dark lights ___ Clapping

Other: _____

Transition Issues (Moving from one activity to another); if any _____

____

_____

Aggressive Type Behavior(s); if any:_____

_____

Behavior Management:
What positive reinforcements work? (i.e. high fives, sticker, specific responses or food items)

_____

_____

What behavioral interventions do not work?

_____

_____

Safety: ____ Runner (Elopes) ___Roamer (Walks away) _____Eats non-edible items

Health concerns: _____Special Diet?_____

Allergies:_____

Medication(s):_____

Swim: ____independent ____learning ____unable ____fearful of water ____ear plugs

Additional Notes:

_____

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