



Annual Intake for GibConnect



Date: _____

Completed By: _____ Relationship to Participant: _____

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

How did you learn about Merlie's Giborim United? _____

Disability/Diagnosis (Optional): _____

Participant Resides With: _____

Guardian 1: _____ Cell: _____ Work: _____

Guardian 2: _____ Cell: _____ Work: _____

Guardian 1 Email: _____

Guardian 2 Email: _____

Name of Current School/Adult Day Program/Employment Site:

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

How much support does the participant need?

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

Please list any likes, dislikes, and class preferences.

Communication: Non-Verbal AT Device Words Phrases Sentences
 Reads Printed Material Writes Other

Describe: _____

Mobility: Does not need assistance Needs Assistance (Describe below):

Bathroom: Independent

Needs Assistance (Describe below):

Sensory Sensitives: Loud Noises Large Groups Dark lights Clapping

Other: _____

Please list any Transition Challenges (i.e. Changing activities, switching areas...):

Please list any Aggressive-Type Behavior(s):

Behavior Management:

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

What behavioral interventions **do not** work?

Safety: Elopes (Runs away) Roamer (Wanders/Walks away) Eats non-edible items

Health Concerns: _____

Special Diet: _____

Allergies: Nuts Shellfish Medication Gluten Environmental Other

Describe: _____

Medication(s): _____

Swim: independent learning unable fearful of water ear plugs

Additional Notes:
