**Annual 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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