

SPECIAL NEEDS INTAKE FORM

CHILD'S NAME (AND NICKNAME IF APPLICABLE)

CHILD'S DATE OF BIRTH

CHILD'S PRIMARY DIAGNOSIS

OTHER RELEVANT DIAGNOSES/SUSPECTED DIAGNOSES

RELATIONSHIP TO CHILD

YOUR NAME AND CELL PHONE NUMBER

PHYSICAL NEEDS: *(Check all that apply)*

STRENGTHS

POTENTIAL CHALLENGES

AREAS OF SPECIAL INTERESTS

COMMUNICATION

- Verbal (Words, Phrases, etc...)
- Verbal, but not always with words or phrases (sounds, etc...)
- Sign Language
- Uses Device for Communication
- Non-Verbal
- Other: _____

TOILETING STATUS

- Toilets Independently
- Potty Trained, but may need assistance
- Potty Trained, but wears pull-ups
- Frequent Accidents
- Wears a Diaper
- Other: (If different please be specific)

Specific Toileting Instructions: *(If needed)*

LIST ANY AND ALL ALLERGIES: *(May list food aversions)*
