

Social Skills Intake Form

Date _____ Person completing this form _____

Parent's name _____ Phone # _____

Address _____

Name of student _____ Date of birth _____

Student's address (if different from above) _____

Siblings' names and ages _____

EMERGENCY CONTACT

Name _____ Phone # _____

Relationship to student _____

SCHOOL INFORMATION

School name and district/city _____

Best school contact: Name _____ Phone # _____

When was the student's last IEP? _____

Triennial testing (every three years) _____

If enrolled in a Special Education class or specific service, please list _____

Please list the classes or topics your child does best in at school _____

Please list the classes or topics your child struggles with the most at school _____

THERAPY HISTORY

Is the student currently receiving services? Yes _____ No _____

If yes, please check all that apply and list frequency of services and name(s) of provider:

___ Occupational therapy Frequency _____ Provider _____

___ Physical therapy Frequency _____ Provider _____

___ Speech therapy Frequency _____ Provider _____

Please list previous therapy history, including frequency and provider(s) _____

MEDICAL HISTORY

Does your child have any allergies? Yes _____ No _____ If so, please list and explain:

Has your child ever been hospitalized? Yes ____ No ____ If so, please provide a brief explanation:

Has your child had his/her vision or hearing checked? Yes ____ No ____ If yes, what were the results?

Please list current medications, if any, your child is taking _____

MISCELLANEOUS HISTORY

Does the student have a consistent weekly schedule? Yes _____ No _____

Please list student's interests _____

Please list any fears, anxieties or concerns the student might have _____

Please provide any other information that you feel might be pertinent or relevant _____

Please let us know if there are specific questions you have for us _____
