

INTAKE FORM



**Inclusion
Sports
Performance
Training**

Please complete so that we have a better understanding of how we can best assist you and your child's needs.

Please complete all sections, save and return to us by email. inclusionsportsptad@gmail.com

Name of Child: First _____ Last _____

Child's Age _____ Child's Date of Birth _____ / _____ / _____

Parent/Guardian Name: First _____ Last _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Best time to contact you:

Morning Afternoon (*before 5pm*) Evening (*after 5pm*)

Best time to schedule child's evaluation:

Morning Afternoon (*before 5pm*) Evening (*after 5pm*)

How did you hear about our program? _____

Ex: Friend, Website

What is your child's specific diagnosis? _____

Does your child have IEP? Yes No

If yes, please provide us a copy of your child's IEP via email with this completed form?

What is child's functional level?

High Functioning Moderate Low Functioning

Does your child need assistance with any of the following?

Walking Remaining with a group Grasping/manipulating objects Toileting

Listening/following directions Other _____

How does your child communicate?

Verbal Non-verbal

Describe any special medical needs or allergies that we should know about.

Are there any special accommodations necessary for physical disabilities?

Has your child participated in any other recreational activities?

Yes (*Please describe below*) No

What are your goals for your child in our program?

How would you describe your child's personality?

Is there anything else that you would like to share about your child?

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