



Serving People with
Developmental Disabilities & their Families

Intake Assessment Form PARCA REACH Program

Interviewer: _____ Date: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian: _____

Siblings Names & Ages: _____

Language Spoken at home: _____

Medical Background

Disability: _____

Description of Disability (Characteristics) _____

Seizures: ____ Yes ____ No Controlled: ____ Yes ____ No

If seizures are controlled, when was the last one? _____

How long does your child's seizure typically last? _____

Description of Seizures (Warning Signs, Safety Issues, Child's disposition afterward): _____

Type of Procedures used by the parent and/or school when a seizure occurs: _____

When do you call 911? _____

Inform parent that if seizure goes past one minute the program's emergency procedures dictate that 911 be called immediately.

Allergies: _____

Are any allergies life threatening? ____ Yes ____ No If yes, which allergies?: _____

Special Diet: _____



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Cardiac Conditions: _____

Rest period required: _____

Other medical problem: _____

Medications: _____

Will your child be taking medication while in the program? Yes No

Medication: _____ Dosage: _____ When: _____

Medication: _____ Dosage: _____ When: _____

Fears: _____

Is your child sensitive to loud noises? Yes No

Therapy Services

O.T. _____ Phone #: _____

P.T. _____ Phone #: _____

Speech Therapist: _____ Phone #: _____

Behaviorist: _____ Phone #: _____

Psychologist: _____ Phone #: _____

Case Information

Current School: _____ Room #: _____

Teacher: _____ Phone #: _____

Classroom Ratio: _____ : _____

Regional Center Case Worker: _____



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Supervision and Safety

What level of supervision do you feel your child needs? Ratio: _____ : _____

Does your child have run away tendencies? _____ Yes _____ No

Does your child understand danger? _____ Yes _____ No

Please describe your child's understanding: _____

Does your child constantly put objects into his/her mouth? _____ Yes _____ No

Explain: _____

Self-Help Skills

- _____ Independent toileter
- _____ Wears diapers
- _____ Bowel/Bladder control problems
- _____ Needs reminders to use the bathroom
- _____ Needs assistance toileting

Explain any toileting procedures used at home and school: _____

Does your child wash his/her hands independently and effectively? _____ Yes _____ No

Explain procedures used to teach this skill: _____

- _____ Independent eater
- _____ Overeats
- _____ Will grab other people's food
- _____ Will sneak or steal food
- _____ Needs assistance eating

Explain: _____

- _____ Can Change his/her own clothes
- _____ Needs assistance changing clothes

Explain: _____



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Does your child clean up after him/herself? _____

How are you teaching this skill? _____

Communication

Languages your child understands: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Speaks in words & phrases |
| <input type="checkbox"/> Uses sign language | <input type="checkbox"/> Maintains eye contact | <input type="checkbox"/> Uses a communication book |
| <input type="checkbox"/> Speaks in complete sentences | <input type="checkbox"/> Uses Augmentative Communication Device | <input type="checkbox"/> Echolalic |
| <input type="checkbox"/> Initiates Conversation Explain: _____ | | |

If your child is non-verbal how does he/she:

1. Make requests for objects and/or assistance: _____
2. Protest: _____
3. Initiate social interaction: _____
4. Convey Feelings and thoughts: _____

Ambulatory/Fine and Gross Motor Skills

- | | |
|--|---|
| <input type="checkbox"/> Independent ambulator | <input type="checkbox"/> Semi-ambulatory (walker or other support device) |
| <input type="checkbox"/> Fragile ambulator | <input type="checkbox"/> Independent wheelchair user |
| | <input type="checkbox"/> Wheelchair user, needs assistance |

Please describe any pertinent information regarding wheelchair/walker/supportive device use and care: _____



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Special supports (head, neck back, etc.) _____
Instructions for use: _____

____ Difficulty with balance Explain: _____
____ Coordination difficulty Explain: _____
____ Fine motor difficulty:
 ____ Grasp ____ Button ____ Zip ____ Shoelaces
 ____ Open doors ____ Bead Other: _____

Does your child use any adaptive equipment to assist with gross and/or fine motor activities? _____
Explain: _____

Activities

Does your child enjoy:
____ Music ____ Cooking ____ Sports ____ Crafts
____ Science ____ Field trips ____ Painting ____ Videos
____ Computers ____ Toys ____ Hiking ____ Storytelling
____ Puzzles ____ Drama ____ Drawing ____ Manipulatives
____ Others: _____

Does your child enjoy swimming? ____ Is your child safe? ____
Explain: _____

Behavior

Will your child stay with the group through verbal prompting? ____ Yes ____ No
If not what procedures do you and/or the school use? _____



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Does your child understand and follow complex directions or simple 1-2 step directions? _____

Procedures used when giving directions: _____

If your child is interested in an activity how long is his/her attention span? _____

How do you keep your child focused on a task? _____

Does your child exhibit any type of sexual behavior? ____ Yes ____ No

Explain: _____

Intervention used: _____

Does your child have tantrumming behavior? ____ Yes ____ No

Explain: _____

Intervention used: _____

Is your child aggressive towards others? ____ Yes ____ No

Explain: _____

Intervention used: _____

Does your child display self-abusive behavior? ____ Yes ____ No

Explain: _____

Intervention used: _____

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Does your child exhibit self-stimulating behavior? Yes No

Explain: _____

Intervention used: _____

Has your child ever damaged or stolen property? Yes No

Explain: _____

Intervention used: _____

Explain your child's behavior out in the community: _____

Social Skills

Does your child:

- | | | |
|--|--|---|
| <input type="checkbox"/> Initiate social contact | <input type="checkbox"/> Resist social contact | <input type="checkbox"/> Prefer to play alone |
| <input type="checkbox"/> Prefer to watch instead of play | <input type="checkbox"/> Watch first then play | <input type="checkbox"/> Prefer small groups |
| <input type="checkbox"/> Resist large groups | <input type="checkbox"/> Need less structure | <input type="checkbox"/> Need more structure |

What social skills is your child working on at home and school? _____

How are these skills being taught? _____

Strategies to engage your child in social interaction: _____

Transition



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How long does it take for your child to adapt to new environments? _____
Explain: _____

How does your child react to changes in his/her routine? _____

Strategies to help your child with transition: _____

Goals of Child while in PARCA/Project REACH Program

1. _____
2. _____
3. _____
4. _____
5. _____

Acknowledgement

I, the undersigned, agree that the information I have given during this Intake Interview is, to the best of my knowledge, accurate and complete. I understand that admission into the PARCA Project REACH Program is contingent upon the fact that my child, named on the Intake Form, is not physically aggressive or abusive, can function safely within his/her designated ratio, and does not require any type of skilled nursing care. I understand failure to provide true and accurate information will result in the immediate demittance of my child from the PARCA Project REACH Program.

Parent/Guardian Signature

Date

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