Intake Assessment Form
Parca REACH

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: _____

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: _____

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: _____
_____
Does your child clean up after him/herself? _____

How are you teaching this skill? _____

_____

_____

Communication

Languages your child understands: _____

_____ Verbal
_____ Non-Verbal
_____ Speaks in words & phrases
_____ Uses sign language
_____ Maintains eye contact
_____ Uses a communication book
_____ Speaks in complete sentences
_____ Uses Augmentative Communication Device
_____ Echolalic
_____ 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

_____ Independent ambulator
_____ Fragile ambulator
_____ Semi-ambulatory (walker or other support device)
_____ Independent wheelchair user
_____Wheelchair user, needs assistance

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

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? _____

_____

_____

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: _____

_____

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:

_____ Initiate social contact	_____ Resist social contact	_____ Prefer to play alone
_____ Prefer to watch instead of play	_____ Watch first then play	_____ Prefer small groups
_____ Resist large groups	_____ Need less structure	_____ 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

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