

# 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

## HELP US GET TO KNOW YOUR CHILD:

### STRENGTHS

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### POTENTIAL CHALLENGES

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### AREAS OF SPECIAL INTERESTS

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### COMMUNICATION

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

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### 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)

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### Specific Toileting Instructions: *(If needed)*

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

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