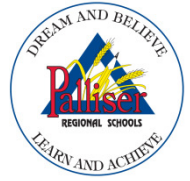


Child/Student Intake Form



Please complete page one and signature section for **all** new students. Complete the remaining pages as required. Provide copies to the Classroom Teacher, LST, Principal, and Home

Legal Name: _____ **DOB.** _____

Preferred Name: _____ **ASN:** _____

Is this child/student in care? Yes No (If yes, please determine the following)

Name of Case Worker - _____ Contact - _____

Parent/Guardian/Foster Parent (circle one)

Parent/Guardian/Foster Parent (circle one)

Name _____

Name _____

Phone _____ (home)

Phone _____ (home)

_____ (work)

_____ (work)

_____ (cell)

_____ (cell)

Email _____

Email _____

Previous School/Contacts:

Comments: _____

Social: *friends, interactions, groups involved in*

Comments: _____

Things your child is able to do/Accomplishments/Skills/Interests:

Comments: _____

Things your child is currently working on:

Comments: _____

Fears/Dislikes of your child:

Comments: _____

Indicators your child is struggling/is happy:

Comments: _____

COMPLETE THIS PAGE ONLY IF IDENTIFIED NEEDS

IPP: **If yes, will copy be provided (check one) by PARENT** **OR by Previous School**

Programming: *K&E, Life Skills...*

Comments:

Services Student Has Received in Past Two Years: *e.g. Children's CARE Services, Alberta Mental Health, Family School Liaison Counselor, Behavior Solutions, KCC, REACH, FSCD, ELI, interventions at school level ...*

Comments:

Assessments: *Fill out a Release of Information-unless a copy provided.*

Comments:

Medical *Fill out a Release of Information for all medical conditions-unless a copy provided - Permission to post Medical Emergency*

Comments:

Diagnosis: Date _____, Medical Professional _____

Comments:

Allergies:

Comments:

Other Medical Conditions:

Comments:

Medication(s): *If administered at school, complete Permission to Administer Medication form*

Comments:

Doctors: *Names and Clinics, Signed Release in order to gather information related educational programming*

Comments:

Family Background *Culture/Language/Other Considerations*

Comments:

Eating Snack/Drinking: *Independent or need assistance- how do we assist?*

Comments:

Toileting: *Independent or need assistance- how do we assist?*

Comments:

Communication: *How does your child communicate? Gather information on words, sign, gestures, pictures...*

Comments:

Strategies that work: *Accommodations, assistive technology, calming/alerting, learning...*

Comments:

Goals Parents have for their child:

Comments:

Provide family with school contact information in case they have questions or concerns:

Explain to the family that we use a team approach to resolving concerns, setting new goals, and changing goals. Parent ideas and solutions are very important.

SIGNATURES

This information was provided to _____ by _____
(Intake Representative) (Parent/Guardian/Foster Family)

Signature: _____ Signature _____
(School Personnel/Position) CIRCLE One: (Parent/Guardian/Foster Family)

Date _____ Date _____

Date of school entry: _____ (based on providing supports to meet the student's needs).
dd/mm/yyyy