

Special Needs - Intake

Camp Tikvah Intake

Child's Name: _____ Age: _____

Parents' Name: _____

Child's Live with: _____

Contact phone numbers: Home: _____ Cell: _____
Work: _____

Emergency contact person:

Name: _____

Phone number: _____

Diagnosis _____

Name of School _____

Teacher's name _____

Has your child been recommended for ESY services? Yes _____ No _____

If so, please attach a copy of the ESY IEP

Describe your child's program at school in terms of priority goals and focus of education.

1 _____

2 _____

3 _____

Does your child have a personal assistant at school? Yes _____ No _____

How many children are in his/her class at school? _____

Does your child swim independently? Yes _____ No _____

Social Communication

Avoids eye contact Yes _____ No _____

Enjoys social interaction with others Yes _____ No _____

Initiates interaction with others Yes _____ No _____

Participates in group activities Yes _____ No _____

Participates in turn taking Yes _____ No _____

Respond to name Yes _____ No _____

Responds to social greetings Yes _____ No _____

Special Needs - Intake

Responds to "No" Yes _____ No _____

Follows simple directions Yes _____ No _____

Responds to verbal prompt Yes _____ No _____

Requires a physical prompt to follow directions Yes _____ No _____

Uses: Gestures, Sign Language, Picture exchange system (PECS), augmentative device

List words or phrases used: _____

Sensory

Aversive to: Touch Yes _____ No _____

Loud Noises Yes _____ No _____

Rough Housing Yes _____ No _____

Enclosed Spaces Yes _____ No _____

Bright Lights Yes _____ No _____

Obsession with object/toy/person What _____

Mouths or smells objects Yes _____ No _____

Has routines for eating, transitions Yes _____ No _____

Prefers routine schedule Yes _____ No _____

Becomes upset if routine not followed Yes _____ No _____

Physical Movement

Walks without assistance Yes _____ No _____

Walks with hand held Yes _____ No _____

Walks with equipment (walker, etc) Yes _____ No _____

Uses a wheelchair Yes _____ No _____

Has significant weakness or in coordination Yes _____ No _____

Falls frequently Yes _____ No _____

Gets on/off of the floor independently Yes _____ No _____

Is independent on the playground Yes _____ No _____

Self Care

Toileting: Independent Yes _____ No _____

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Indicates need	Yes _____	No _____
Requires verbal cue/prompt	Yes _____	No _____
Requires physical assistance	Yes _____	No _____
Washes hands by self	Yes _____	No _____

<i>Clothing Management:</i>	Puts shoes on & off	Yes _____	No _____
	Dresses self, no assistance	Yes _____	No _____
	Requires verbal prompt	Yes _____	No _____
	Requires assistance	Yes _____	No _____

<i>Eating:</i>	Feeds self with utensils	Yes _____	No _____
	Drinks from an open cup	Yes _____	No _____
	Uses specific/adaptive utensils	Yes _____	No _____
	Opens containers by self	Yes _____	No _____
	Needs assistance with set-up	Yes _____	No _____
	Participates in food prep	Yes _____	No _____

Behavior

Impulsive	Yes _____	No _____
Frustration tolerance is high	Yes _____	No _____
Frustration tolerance is low	Yes _____	No _____

<i>Stimulus for tantrums:</i>	Loud noises	Yes _____	No _____
	Demands placed on child	Yes _____	No _____
	High level environmental stimulation	Yes _____	No _____
	Fear	Yes _____	No _____
	Change in routine	Yes _____	No _____

<i>Aversive behavior:</i>	Self-abusive (slapping, biting, etc)	Yes _____	No _____
	Aggressive to others	Yes _____	No _____
	Grabs/pinches/bites (others/self)	Yes _____	No _____
	Runs away from group	Yes _____	No _____
	Easily distracted	Yes _____	No _____

Special Needs - Intake

Poor safety awareness for self

Yes _____

No _____

Reinforces:

Food

Yes _____

No _____

Verbal praise

Yes _____

No _____

Physical affection

Yes _____

No _____

Toy

Yes _____

No _____

Music

Yes _____

No _____

Expresses Anger by:

Grunting

Yes _____

No _____

Grimacing

Yes _____

No _____

Kicking

Yes _____

No _____

Pinch/Bite/Hit

Yes _____

No _____

Please list strategies that calm you child:

What behavioral strategies have you found to be effective?

Any other information that you think might be helpful in working with your child?
