



Camp Tikvah Intake Form

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 _____
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

<i>Aversive to:</i>	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

<i>Toileting:</i>	Independent	Yes _____ No _____
	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 _____

Aversive behavior:

- 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 _____
- 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?
