



Sample Intake Form

Parents' Names: _____

Child's Name: _____ Birth date: ____/____/____

Address: _____

Telephone (home) _____ Cell: _____

Email: _____

Education

If your child is in school, please provide the following information.

Name of school: _____ Grade: _____

Teacher name & Contact information: _____

Religion

Please describe your child's experience attending church, any prior religious education (whether formal or at home), and any religious concepts that your child already understands.

How can we make your child's learning experience most meaningful and welcoming?

What are your child's preferences?

Foods/ Drinks: _____

Religious/ Church Activities: _____

Songs: _____

Books: _____

Other: _____

What are your child's needs?

Please list your child's needs for each of the following areas. Attach additional sheets if necessary.

Primary Diagnosis: _____

Other health issues: _____

Feeding: _____

Dietary restrictions or allergies: _____

Toileting: _____

Communication: _____

Behavior: _____

Other: _____
