

# Help Us to Get to Know Your Child

## Teacher Intake Form

insert picture

Child's name: \_\_\_\_\_

Goes by: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

- What goals do you have for your child? \_\_\_\_\_  
\_\_\_\_\_
- What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
- What are meaningful ways that your child learns? (Mark all that apply)
  - Visually:**     images     reading     videos     \_\_\_\_\_
  - Auditory:**     listening     discussion     music     \_\_\_\_\_
  - Movement:**     creating     exploring     dance     \_\_\_\_\_
  - Specifically through/by:** \_\_\_\_\_
- How does your child like to communicate? (Mark all that apply)
  - verbally     facial expressions     acting     pointing     drawing
  - gestures (like thumbs up/down)     writing     computer     phone
  - ASL (American Sign Language)     AAC device (alternative/augmented)
  - other \_\_\_\_\_
- Who does your child like to interact with? (Mark all that apply)
  - younger children     peers     older children     teens     young adults
  - older adults     specific person \_\_\_\_\_     prefers independence
- Please list specific things that your child likes that we can incorporate in a lesson plan (i.e. favorite food, team, color, activity, etc.) \_\_\_\_\_  
\_\_\_\_\_
- Is there something that your child likes to share with others? (talent, knowledge about a particular subject, jokes, favorite object or collection, etc.) \_\_\_\_\_  
\_\_\_\_\_
- What does your child find difficult?
  - sitting too long     being crowded     being touched
  - change in routine     unfamiliar surroundings     sensory cues:
  - smells     images     textures     tastes     sounds
  - activities \_\_\_\_\_
  - other \_\_\_\_\_

- Are there any triggers we should be aware of? \_\_\_\_\_  
\_\_\_\_\_
- allergies \_\_\_\_\_
- Please share what it looks like when your child is upset? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is there anything that helps to deescalate a situation before the behaviors heighten? (i.e. brushing, joint compressions, sensory input, exercise, going for a walk, candy, music, lotion hand rub, etc.) \_\_\_\_\_  
\_\_\_\_\_
- What helps your child calm down and regain control? (i.e. distraction, empathizing with the child, tickling, physical contact, staying firm or have someone they know and don't want to disappoint express disapproval, taking a walk, flash cards with known items for easy reset, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is there anything else that you can think of to tell us about your child that will help staff and volunteers have a better understanding of how to accompany and give him or her the best experience possible? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What are your questions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

It is best to contact me by phone:  (     ) \_\_\_\_\_  call  text  
 email \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

It is best to contact me by phone:  (     ) \_\_\_\_\_  call  text  
 email \_\_\_\_\_

*(Ask the parent or guardian to look over the responses you have written down and make clarifications if needed. Provide a copy for the parent/guardian as a reference.)*

