TDS Center for Communication & Social Learning

Social Skills Intake Form

Date _____ Person completing this form _____
Parent's name _____ Phone # _____
Address _____

Name of student _____ Date of birth _____
Student's address (if different from above) _____

Siblings' names and ages _____

EMERGENCY CONTACT

Name _____ Phone #
_____ Relationship to student _____

SCHOOL INFORMATION

School name and district/city _____
Best school contact: Name _____ Phone # _____
When was the student's last IEP? _____
Triennial testing (every three years) _____
If enrolled in a Special Education class or specific service, please list _____
_____

Please list the classes or topics your child does best in at school _____
_____

Please list the classes or topics your child struggles with the most at school _____
_____

THERAPY HISTORY

Is the student currently receiving services? Yes _____ No _____

If yes, please check all that apply and list frequency of services and name(s) of provider:

____ Occupational therapy Frequency _____ Provider _____
____ Physical therapy Frequency _____ Provider _____
____ Speech therapy Frequency _____ Provider _____

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Please list previous therapy history, including frequency and provider(s) _____
_____

MEDICAL HISTORY

Does your child have any allergies? Yes _____ No _____ If so, please list and explain:
_____

Has your child ever been hospitalized? Yes _____ No _____ If so, please provide a brief explanation:
_____
_____

Has your child had his/her vision or hearing checked? Yes _____ No _____ If yes, what were the results?
_____

Please list current medications, if any, your child is taking _____
_____

MISCELLANEOUS HISTORY

Does the student have a consistent weekly schedule? Yes _____ No _____
Please list student's interests _____
_____

Please list any fears, anxieties or concerns the student might have _____
_____

Please provide any other information that you feel might be pertinent or relevant _____
_____
_____
_____

Please let us know if there are specific questions you have for us _____
_____
_____
_____