



SociAbilities

Education Socialization Communication

Date of Intake _____

Child's Name _____ Nick Name _____

Date of Birth: _____ Age _____ Grade _____

Current School _____ Teacher _____

Parents/Caregiver Names

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Pediatrician Name _____

Pediatrician's Phone Number _____

Emergency Contact _____

Relationship _____ Phone _____

Referred by:

My child is allergic to the following _____

Remedy for allergic Reaction _____

My child has the following food preferences _____

Special food limitations or considerations _____

My child takes the following prescription/medications

Special things you need to know about my child _____

I give permission for the following people to drop off and pick up my child from the SociAbilities location.

| Name | Phone | Relationship |
|-------------|--------------|---------------------|
|-------------|--------------|---------------------|

My child has the following Special Education services:

_____ **IEP (Individualized Education Plan) Current Date** _____

_____ **504 (Special accommodations for school) Current Date** _____

_____ **My child has had an SST (Student Study Team Meeting)**

_____ **None**

**My child is involved in the following outside services: (OT, PT Speech)
Type of Services**

Providers and Days/Times of Services

**My child participates in the following outside activities (soccer, ballet
etc..)**

My child is good at _____

My child struggles with _____

My child's favorite things are _____

**What are triggers for a
meltdown?** _____

What calms your child? _____