



SpectrAbilities Intake Form

While Stardust is a recreational place, we encourage sharing medical information about your child that may be important for us to know. Our mission is to provide the highest quality of care to each and every child who enters our doors, tending to each of their individual needs. Please provide any information about your child that may help us ensure their safety, encourage growth, and create a positive environment for your child to thrive! Additionally, we always welcome suggestions for how we can improve our SpectrAbilities program and the intake process!

Date: _____

Student Name: _____ **Pronouns:** _____

Age: _____ **DOB:** ____/____/____ **Weight:** _____ **Height:** _____

Address: _____

Parent or Guardian 1: _____

Phone: _____ **Email:** _____

Parent or Guardian 2: _____

Phone: _____ **Email:** _____

Emergency Contact: _____

Phone: _____ **Email:** _____

Relationship to student: _____

Diagnoses:

Check yes and leave a comment in sections that apply to your child, otherwise, check no:

Past Medical History	Yes	No	Comments: last checked, practitioners, important info, cautions, concerns, allergies, dietary restrictions, etc.
Hearing			
Vision			
Neurological			
Psycho/emotional			
Respiratory			
Digestive			
Circulatory			
Skin			
Skeletal/muscular			
Chronic health conditions			
Other:			

Communication	Yes	No	Comments
Nonverbal			
Low verbal			
Selective mutism			
Receptive language			
Expressive language			
Communication devices			
Does your child express their needs?			
Other:			

Education	Fill in a response or circle a given choice(s).		
School	Grade:		
Preferred learning style	Visual 1:1	Auditory Small group (1-3 kids)	Reading/writing Average size group (3-6 kids) Kinesthetic
Has your child ever had an IEP?	If so, are there any accommodations that would be useful for us to provide at Stardust?		
Other:			

Motor Skills	What is a challenge for them, and what do they do well?
Fine motor (writing, coloring, holding utensils, picking things up, etc)	
Gross motor (run, walk, jump, crawl, cross midline, reach arms over head, etc)	
Balance + coordination	
Overall strength and muscle tone	
Flexibility or ROM	
Level of independence with toileting, dressing, and eating:	
Other:	

Behaviors	Yes	No	Current concerns, triggers, successful strategies for maladaptive behaviors, or any other info:
Sensory-seeking			
Sensory-defensive			
Attention			
Anxiety/fears			
History of self-injurious behavior or aggression towards others			
Anger or defiance			
Tantrums or meltdowns			
Irritability or frustration			
Impulsivity			
Other:			

Receiving Services? Therapy type and frequency:

- OT _____
- PT _____
- ST _____
- ABA _____

Other specialists and additional info:

Goals

Recreational

Social

Therapeutic

Family Goals

Strengths:

Limitations:

Likes:

Dislikes:

Motivators:

Things to avoid: