

Special Needs Intake Questionnaire

General Information

Child's Name

Date of Birth

Parent/Guardian Name

Phone Number

Email Address

Diagnosis & Medical Details

Diagnosis

Relevant Medical History

Current Medications

Known Allergies

Primary Physician

Development & Education

Current School/Program

Does the child have an IEP or 504 plan?

Received Services (e.g. OT, PT, Speech)

Daily Living & Behavior

Primary Communication Method

Mobility Needs

Behavioral Concerns

Interests and Strengths

Other Notes

Goals for Participation/Support

Additional Information