



## Specific Child Intake Information

Date of Intake:

Child's Name:

Birthdate/Grade:

School Year Site:

Summer Site:

Child's Diagnosis:

Parent/Guardian(s) Name:

Contact #:

Preferred communication method (circle): Phone   Email   Written   In-person

1.     What does your child like? (Interests, activities, respond to positively?)
  
2.     How does your child interact with other children?
  
3.     How does your child deal with frustration and conflict?
  
4.     Has your child had previous support in other settings or during the school day? If so, what kind?
  
5.     Does your child have an IEP (Individual Education Plan) or a Section 504 Plan (for physical accommodations)? (If so, we will obtain a copy from the school)
  
6.     Does your child display physical aggression? If so, what?
  
7.     Will your child leave the program area? (Run?)
  
8.     Are there any activities that might over stimulate your child?

9. Does your child take any medications? If yes, what?
10. Will our program staff need to administer medications? (What/when?)
11. Are there any health concerns you have regarding your child? (Food allergies, sensitive to temperature, etc.)
12. Can your child express wants and needs?
13. Will your child be able to participate in a large group setting at least 50% of the time?
14. Any toileting habits or needs we should know about?
15. Are there any concerns you have about your child's success in the program?
16. Is there any other important information Adventures Plus needs to know about your child?

**Please return completed form:**

Via fax to: 763-506-1403  
Attn: Inclusion Coordinator

Or via mail to: Adventures Plus  
Attn: Inclusion Coordinator  
2727 N. Ferry St.  
Anoka, MN 55303

Or via email to: [lanette.hess@anoka.k12.mn.us](mailto:lanette.hess@anoka.k12.mn.us)