

Community Services - Parent Intake Form

Date:

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| Inquiring about: | Let's Be Social! Amicus Recreation | Survive & Thrive in Jr. High Amicus Overnight Camp | Girls Only! Amicus Day Camp |
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Child's Name: _____ Age: _____ Date of Birth: _____

Child's Diagnosis(es):

Is your child aware of his/her diagnosis(es)? LD/ADHD diagnosis/strategies may be discussed in our program.

Please provide the full names and status of those with legal custody/guardianship of child:

Primary parent/guardian email address:

Primary parent/guardian phone number:

Child's school: _____ Current Grade: _____

Please describe your child's school setting (e.g. regular or specialized classroom):

Please describe how your child is doing socially and behaviourally at school.

Does your child currently have an aide in school? Yes No

If yes, is the aide: full-time or part-time

What is the aide for? academics organization focus behaviour

Does an aide go to the playground with the child? Yes No

Please describe your child's behaviour at home.

What is your biggest concern regarding your child right now?

What would you like your child to get out of this program?

Would you anticipate any difficulties with your child being in a large group over fifty percent of the time that they are at our program? (8 for Girls Only, 12 for Social Skills groups, 15 for Recreation and 30 for Camp).

Are there any current difficulties in the family that may affect your child at our program (eg. their or a family member's health, financial stress, marital situation, death in the family)?

Please use the code below to describe your child in relation to the following statements:

Severe Problem: The child shows a severe deficit in this area compared to other people his/her age. **Minor**

Problem: The child has some difficulty in this area compared to people his/her age.

No Problem: The child has no difficulty in this area (i.e. average or better compared to others their age).

| | Severe Problem | Minor Problem | No Problem |
|---|----------------|---------------|------------|
| Easily Frustrated | | | |
| Listens to and accepts direction from adults | | | |
| Resists trying new things | | | |
| Short attention span | | | |
| Hurts others physically when frustrated/angry | | | |
| Hurts self when frustrated/angry | | | |
| Impulsive behaviour | | | |
| Tendency to cry easily | | | |
| Mood changes quickly and drastically | | | |
| Verbal outbursts when frustrated | | | |
| Difficulty with transitions | | | |
| Very sensitive to noise, texture, etc. | | | |
| Runs away/ hides when stressed (recently) | | | |
| Rigid thinking (black & white thinker, my way or the highway) | | | |

If your child struggles with transitions, please describe when this happens and how you handle it.

If your child has a recent history of running away or hiding when stressed, please describe.

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(OVERNIGHT CAMP INQUIRIES ONLY)

Please describe your child's eating habits. (e.g. very picky eater, dietary restrictions, etc.)

Please describe your child's experiences (if any) of being away from home overnight

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CONSENT TO OBTAIN INFORMATION:

If your child has previously been enrolled in one of our Community Services programs (Let's Be Social, Camp Amicus, Read/Write, etc.), please check the 'Yes' box below to give permission for current program staff to access information in your child's program file or former program staff.

YES NO

If your child is a student at (or has applied to) Foothills Academy, please check the 'Yes' box below to give permission for current program staff to access your child's psycho-educational assessment and IPP.

YES NO

In order for us to make the best decision about the appropriateness of this program for your child, getting your child's teacher's perspective can be helpful. Do you give permission for current program staff to contact your child's teacher?

YES NO

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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PLEASE EMAIL ALL DOCUMENTS to Anna Mason at intake@foothillsacademy.org:

- 1. This completed 3-page form
2. Recent psycho-educational assessment (if you have one) or pediatrician's report. Please note: the document MUST state diagnosis of Learning Disability and/or ADHD in order to be eligible for our programs.
3. School IPP, if your child has one.

Lastly, please forward this link to your child's teacher:
https://form.jotform.com/JGNelson/teacher-intake-form - it is an intake form to gain the teacher's perspective and will be automatically returned to us once they submit.