



1337 E. Thousand Oaks Blvd #202

Thousand Oaks, CA 91362 805.379.1681

Saturday Play Group Intake Form

General Information

Today's Date: _____

Child's Name: _____ DOB: ____/____/____ Age: _____

Child Gender: ____ Male ____ Female Is your child potty trained? ____ YES ____ NO

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Primary Address: _____

Parent/Guardian Phone Number(s): _____

Parent/Guardian Phone Number(s): _____

Parent's Email address: _____

Parent Email address: _____

Name of School/Grade: _____

Is there an IEP/504? ____ YES ____ NO

Is your child receiving social support(s) from school? If so, please list: _____

Do you have insurance? Please provide the type, and identification number as well as the name and DOB of the primary subscriber:



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Family Dynamics & Family History

What are the names and ages of siblings? _____

Please provide a brief description of them and their relationship to your child? _____

Developmental History

What is your child's level of verbal communication level?

_____ non verbal _____ Limited verbal _____ age appropriate.

Please elaborate: _____

Does your child have a medical, developmental, or mental health diagnosis? If so, please indicate the diagnosis, who made the diagnosis, and when the diagnosis was made: _____

Please list all medications your child is currently taking: _____

Please list any medications discontinued within the last month: _____

Allergy & Special Diet Information

Is your child's diet unusual in any way? _____ YES _____ NO



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If so, please describe: _____

Please let us know if your child has specific dietary restrictions: _____

Does your child have any food allergies: _____ Yes _____ No

If yes, please indicate what they are and the reaction: _____

Please indicate protocol if digested: _____

Treatment /Care Providers

Child's Primary Physician and Phone: _____

Psychotherapist/Psychiatrist and Phone: _____

Please describe length of time in treatment and monthly/weekly frequency: _____

ABA Provider and Phone: _____

Please describe length of time in treatment and monthly/weekly frequency: _____



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Treatment /Care Providers Continued

Occupational Therapy Provider & Phone: _____

Please describe length of time in treatment and monthly/weekly frequency: _____

Speech Therapy Provider & Phone: _____

Please describe length of time in treatment and monthly/weekly frequency: _____

Other Physician and Phone: _____

Please describe length of time in treatment and monthly/weekly frequency: _____

Does your child attend after school care/ has a babysitter or other family members caring for them?

___ YES ___ NO If so, do they follow any behavioral plans that are in place ? ___ YES ___ NO

Socialization

Do you worry about your child's social skills? _____

What are your primary concerns about your child? _____

What are your child's current activities, hobbies or interests? (i.e. sports, clubs, music, etc.)

What activities does your child enjoy most? _____

What kind and how much physical exercise does your child get? _____



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What are your primary concerns about your child? _____

Socialization Continued

Please indicate any behavioral concerns: _____

Does this behavior occur at home, school or both? _____

What are your child's skills & strengths? _____

Please check the areas below for indicators of concern for social skills training group.

___ Making friends ___ Working as part of a team ___ Flexibility in playing & socializing

___ Maintaining friends ___ Using respectful and friendly tone

___ Greeting new people ___ Setting limits or saying "NO" appropriately

___ Cooperation & Negotiation ___ Managing anger ___ Reciprocal social interactions

___ Initiating Conversation ___ Managing frustration

IN CASE OF EMERGENCY, PLEASE CONTACT BELOW INDIVIDUALS:

NAME: _____ RELATIONSHIP TO CHILD: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

Thank you for your information. Please email your information to info@center4specialneeds.org or mail to the address below. If you have any questions, please contact us at 805.379.168.



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Social Skills Groups/Kids Club sessions run weekly. The sessions are 50 minutes to an hour long. Parents and siblings are welcome to stay in our family lounge Suite #202, while participants are next door in The Kid's Club Zone (Suite #200).