

**Intake Form 2008-2009**

Preschool \_\_\_\_\_ Kindergarten/School-Age \_\_\_\_\_

**General Information**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Presently Attending \_\_\_\_\_

School Contact and Telephone \_\_\_\_\_

How often does your child attend school? \_\_\_\_\_

Please indicate which additional services your child receives (Example: OT 2hrs/wk)

Speech/Language \_\_\_\_\_

OT \_\_\_\_\_

Counseling \_\_\_\_\_

SEIT \_\_\_\_\_

ABA \_\_\_\_\_

Other \_\_\_\_\_

**Child's Mother/Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best phone to reach you: \_\_\_\_\_

**Child's Father/Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best phone to reach you: \_\_\_\_\_

Names of siblings/other children in household:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Names of other adults in household and relationship to child (including caregivers):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Referral and Professional Information**

Who referred you to The Gillen Brewer School?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to your child: \_\_\_\_\_

Please list any professionals with whom you consult, or who your child sees on a regular basis. By providing this information, you are giving your consent for the School to contact these individuals.

Name: _____ Telephone: _____ Area of Specialty: _____	Name: _____ Telephone: _____ Area of Specialty: _____
Name: _____ Telephone: _____ Area of Specialty: _____	Name: _____ Telephone: _____ Area of Specialty: _____

**School History**

Please list all schools your child has attended, dates attended and reasons for leaving?

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**Developmental History**

Please describe your child's issues that have led you to seek a special education placement.

At what age did your child's difficulties become apparent?

What prompted you to seek advice and/or assistance for your child?

Where did you go for advice?

What are your expectations in the coming year if your child is accepted at Gillen Brewer?

**Medical History**

Please list any operations, accidents, or illnesses that your child has had:

Does your child have any chronic illnesses (e.g., asthma, allergies)?

Does your child have a history of frequent colds, earaches, or ear infections?

Is your child on medication? If yes, please specify:

## **Physical Development**

At what age did your child:

Sit: \_\_\_\_\_ Crawl: \_\_\_\_\_ Stand: \_\_\_\_\_ Walk: \_\_\_\_\_

Is your child toilet trained?

Please describe your child's sleeping habits:

Please describe your child's eating habits:

## **Questions about your Child:**

What are your child's favorite activities?

What are your child's strengths?

What kinds of activities or situations does your child find difficult?

What makes your child angry or upset?

How does he/she show his/her feelings?

How do you set limits for your child?

How does he/she respond?

## Language Development

What languages are spoken at home?

What is your child's primary language?

What is your child's primary means of communication?

\_\_\_\_\_ gestures    \_\_\_\_\_ sounds    \_\_\_\_\_ single words

\_\_\_\_\_ 2 or more words    \_\_\_\_\_ sentences    \_\_\_\_\_ combination

At what age did your child:

\_\_\_\_\_ babble    \_\_\_\_\_ use single words    \_\_\_\_\_ put 2 words together

What were your child's first words?

What is your approximation of the number of words your child:

\_\_\_\_\_ understands    \_\_\_\_\_ uses

What is your estimation of your child's language comprehension?

Is it challenging for your child to produce certain sounds? If so, please specify.

Has your child ever had an audiological examination? If so, were any difficulties identified?

Has your child ever had a vision screening? If so, were any difficulties identified?

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note: Please submit Intake Form to:**

**Admissions**

**The Gillen Brewer School**

**410 East 92<sup>nd</sup> Street**

**New York, NY 10128**

The Gillen Brewer School admits students of any race to all rights, privileges, programs and activities generally accorded or made available to its students and does not discriminate on the basis of race in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other school administered policies.