

Participant Last Name _____ Participant First Name _____ Interested: SS/ DAY/ CAMP



INQUIRY FORM

Person Taking Call: _____ Date/Time: _____

Name of Caller: _____

Phone of Caller: _____

Email of Caller: _____

Relationship of Caller to Participant: Mother Father Brother Sister Other ____

Participant Name: _____

Diagnosis(s) of Participant: _____

DOB/Age: _____ Currently in school? Y N If yes, where _____

Male/Female Academic Level: Math _____ Reading _____

Toilet Trained? Y N

Reinforcers- What are they interested in daily?:

Social Skills- What areas do they struggle with?

What areas are their strengths? _____

Participant Last Name Participant First Name Interested: SS/ DAY/ CAMP

Behaviors- What areas do they struggle with?

What areas are their strengths? _____

Communication- Verbal/Comm Device/Signs/Non-Verbal

Biking on their own? Y N

Swimming on their own? Y N

Special Diets/Allergies- _____

Receiving Outside or Private Therapies- Y N _____

Family Information- Lives with _____

Prior School History- _____

How did you hear about us? _____

What programs are they interested in?

- Social Skills Tuesday 4-6pm Classes
- Social Skills Saturday 10-1 Classes
- Day Programs (PT or FT)
- Camps (June/July)

NOTES: