



NCEFT Group Intake Form

General Information

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

Parents' Names: _____

Address: _____

Phone: _____ (home) _____ (cell)

Email: _____

Emergency Contact's Name: _____ Phone: _____

Child's School: _____ Grade: _____

Does your child have a formal diagnosis: Yes No

If yes, what is his/her diagnosis: _____

Child's food allergies/dietary needs: _____

Questions

1. What are your child's strengths _____

2. What are your child's areas of need _____

3. What social skills do you hope your child will gain from participating in this group

4. Does your child currently participate in any therapies (OT/SLP/PT/MFT)?

If so, where is the location and how often does he/she participate_____

5. How would you rate your child's attention level: Poor Fair Good Excellent

6. How would you rate your child's ability to sit still: Poor Fair Good Excellent

7. Are you aware of any sensory needs your child has: Yes No

If so, what are his/her sensory needs_____

8. How would you describe your child's level of comfort around animals_____

9. Please list any medical conditions, current medications, or pertinent medical

information/history_____
