



INTAKE APPLICATION

Date: _____

Client Name: _____ DOB _____

Parent/Guardian _____

Address: _____

Phone/email: _____

At Hatch we are a heart-centered group of professionals committed to guiding children and young adults in the development of pathways to learning and living wisely. Our goal is for each person entrusted to our care and direction to reach their potential academically as well as socially. We offer a diverse range of research-based programs and services to tailor our mission to each individual and family unit we have the opportunity and honor to serve.

We are so excited that you have taken the first step towards accessing a Hatch student program or service. Your intake appointment today will involve completing this application, a screening/intake assessment of your child, a parent conference, and recommendation of programs and/or services. This process takes from one to one and a half hours to complete. Please know that the application is very thorough and covers many areas. We ask this information to assure that we get a whole rather than partial picture of your child in order to offer or recommend to you a complete, wrap-around package of services. Be assured that we operate professionally and follow both the FERPA and HIPPA guidelines regarding confidentiality.

Your payment for today will be \$135.00. Along with cash or check, we do accept mastercard and visa for your convenience. If you choose to access one of our services following this appointment. Hatch requires a signed engaged agreement outlining our policies and procedures. Prices vary on program selection and combinations, and many payment options are available including the opportunity to apply for financial assistance through our non-profit partner, Turtle Wing Foundation.

Please provide a description of the following concerning the client's medical/dental history.

General Health/Concerns: (include any problems, illnesses, injuries, head trauma, hospitalizations since birth):

Please list any current medical diagnosis or disorder(s):

Are the client's height and weight within normal limits?

If school age, are the client's immunizations current? If no, please explain why.

Current medications:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Doctor</u>
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Drug Allergies:

Food Allergies:

Other Allergies:

Please note any vision/hearing difficulties or corrections:

Please note any dental concerns:

Please note any daily hygiene/self-help concerns:

Please note any sleep concerns:

Please provide a brief description of the client's developmental history since birth in the following areas:

Language: _____

Motor Skills: _____

Self-Help Skills: _____

Social Emotional Skills: _____

Academic Skills: _____

Is or did the client receive ECI (birth to 3 year old) intervention services? If currently receiving the services, please provide ECI program name/contact information including address and phone number, and attach a copy of most recent IFSP:

Current School:

Contact:

Address:

Phone/Fax/email:

School ID, Parent User Name and Password:

Age the client started school:

Current age and grade level:

Date of most recent FIE/ARD/IEP meeting (If applicable, please attach a copy of the most current of each):

FIE: _____ ARD/IEP _____

History of school retentions:

Current or past attendance concerns:

Changes since starting school in achievement:

Current and past attitude towards school:

Preferences for areas of study:

Work history/preferences for vocations (age 16 +):

Please provide a brief description of the client's current behavior including appropriate and maladaptive behavior:

Appropriate

Maladaptive

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Please describe any current or past discipline issues:

Please describe any restriction/restraint history of the client:

Please provide a brief list of snacks/items/games/activities that the client especially enjoys:

Please complete the following only if services are being sought for language development:

What is the client's current communication/interaction modality:

- verbal communicator
- sign language communicator
- picture cue communicator

Please describe how the client currently gets his/her needs known or met:

Please check the following statements that currently describe the client's communication/interaction level:

- initiates and sustains conversations with others.
- initiates and sustains interactions with others.
- identifies items and/or actions.
- understands and follows simple directions.
- cooperates with adults.
- can answer yes or no questions.
- can answer who, when, where, what, why questions.
- imitates/copies the actions of others.
- echoes what others say.
- spontaneously vocalizes words or phrases.