



The following questionnaire is to be completed by the individual’s parent or legal guardian. This form has been designed to provide essential information in order to make the most productive and efficient use of our time. Please feel free to add any additional information which you think may be helpful in understanding your child. *Project Elijah Empowering Autism (PEEA) will hold information provided by you as strictly confidential.*

PARTICIPANT DEMOGRAPHICS:

Participant Name: _____ (Last) _____ (First) _____ (MI)

Gender: Male Female DOB: ____ / ____ / ____ Age: _____ Shirt Size: _____

Current Diagnosis: NONE Autism Asperger’s Syndrome ADHD Cerebral Palsy
 Developmental Delay Intellectual Disability Emotional Disturbance Deaf-Blindness
 Multiple Disabilities Speech or Language Impaired Hearing Impairment
 Visual Impairment Orthopedic Impairment Traumatic Brain Injury
 Other: _____

Home Address: _____

SCHOOL / CHILDCARE CENTER:

Grade: _____ Teacher’s Name: _____

Name of School: _____

School Address: _____

If your child has been in Special Education, did they have a:

504 Plan I.E.P. Psychological Evaluation Speech Evaluation Occupational Therapy
 Behavior Intervention Plan Evaluation Physical Therapy Evaluation
 Adaptive Technology Evaluation Other(s): _____

What is your child's favorite subject(s)/class(es)? _____

What is your child's least preferred subject(s)/class(es)? _____

Do you or your child's teacher have concerns about him/her (list): _____

Child's extracurricular activities, including sports, clubs, hobbies, lessons, etc.:

- ____ Baseball ____ Basketball ____ Bowling ____ Cheerleading ____ Chess Team
____ Drill Team ____ Football ____ Figure Skating ____ Golf ____ Hockey
____ Martial Arts ____ Roller Skating ____ Boys/Girls Scouts ____ Soccer ____ Softball
____ Swimming ____ Tennis ____ Volleyball ____ Guitar ____ Piano

____ Music (type) _____

____ Dance (type) _____

____ Gymnastics (type) _____

____ Other(s): _____

List any special abilities, skills and strengths your child has: _____

Is there anything else you would like to share with us? _____

PEEA Participant Intake Form

<i>Does your child...</i>		<i>Comments...</i>
Respond to his or her name by looking at you?	Yes No	
Make eye contact when speaking to you?	Yes No	
Greet you when you arrive home?	Yes No	
Respond to others emotions?	Yes No	
Attempt to involve you in something that he/she is doing to share interest (not b/c he or she needs your help)?	Yes No	
Observe other children playing?	Yes No	
Join in with other children when they are playing?	Yes No	
Take turns in games?	Yes No	
Verbally interact with peers?	Yes No	
What are your principal concerns regarding your child's social skills?		

CHALLENGING BEHAVIORS

Please list any challenging behaviors that your child may exhibit and complete the table accordingly.

Types of Behavior	Please describe the behavior	What typically happens immediately before, or triggers the behavior?	How many times per day or week does this behavior occur? If the behavior lasts for more than 10 seconds, list the average duration of the behavior as well	What typically happens after the behavior, or, what do you do when this behavior occurs?
Tantrums				
Failing to Follow Instructions				
Aggression				
Running Away/ Eloping				
Self Injurious Behaviors				
Eating Inedible Objects (Pica)				
Other				

PARENT(S) AND/OR GUARDIAN(S):

Name: _____ (Last) _____ (First) _____ (MI)

Relationship to participant _____

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

Best Number to Reach: Home / Mobile / Work

Would you like to receive communications via text message? Yes No

Email Address: _____

PARENT(S) AND/OR GUARDIAN(S):

Name: _____ (Last) _____ (First) _____ (MI)

Relationship to participant _____

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

Best Number to Reach: Home / Mobile / Work

Would you like to receive communications via text message? Yes No

Email Address: _____

EMERGENCY CONTACT:

Name: _____
(Last) (First) (MI)

Relationship to participant _____

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

Best Number to Reach: Home / Mobile / Work

EMERGENCY CONTACT:

Name: _____
(Last) (First) (MI)

Relationship to participant _____

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

Best Number to Reach: Home / Mobile / Work

EMERGENCY CONTACT:

Name: _____
(Last) (First) (MI)

Relationship to participant _____

Home Phone Number: _____

Mobile Phone Number: _____

Work Phone Number: _____

Best Number to Reach: Home / Mobile / Work

PEEA instructors/staff are there to provide a service in a safe and nurturing environment.

During PEEA events parents, guardians, support team, trained workers etc. are to remain onsite for the duration of the event.

PEEA responsibility is to have trained staff and volunteers for every scheduled event who are qualified to respond on a case by case matter to the best of their ability.

In the event the overall safety becomes a concern, PEEA will immediately review the situation with all parties to establish a mutual plan and action strategy to hopefully prevent future occurrences.

PEEA has the right to take any immediate action and will never use any discrimination nor will compromise the overall safety of the group.

By signing this agreement you forfeit your right to portray PEEA in any negative manner via print, electronically or social media outlet.

_____ I am 21 years of age or older and I am competent to contract in my own name. I have completed and read this intake form before signing below, and I fully understand the contents, meaning and impact of this document.

_____ I am the parent or legal guardian of the below named child. I have completed and read this intake form before signing below, and I fully understand the contents, meaning and impact of this document.

(Participant's Printed Name)

(Participant's Signature)

(Date)

(Parent/Guardian's Printed Name)

(Parent/Guardian's Signature)

(Date)

***Thank you for completing this questionnaire.
We look forward to working with you and your child.***

For Office Use Only:

Reviewed by:

(PEEA Staff Printed Name)

(PEES Staff's Signature)

(Date)