



Celebrations! Intake Form

In order to create a program that best meets the needs of our students and their families, please complete this form with as much information as possible. Please feel free to share additional information about your child/children. We look forward to celebrating with you soon!

Please return to at Celebrations@ohev.org or mail to:
Celebrations!, c/o Ohev Shalom of Bucks County, 944 Second Street Pike, Richboro,
PA 18954

Child Information

Child's Name _____ DOB: _____

Age: _____

Address: _____

Phone: _____

Child's Diagnosis: _____

Child's Gender: M/F

Parent's Name(s): _____

Sibling(s) Names and Ages: _____

Which siblings will participate in **Celebrations!** : (please indicate name and age)

Alternate Phone (work or cell): _____

Email Address: _____

School Information

School District: _____

Class Room Type: (Please circle one) **Full Inclusion**, Learning Support; **Social-Emotional Support**; Multiple-Handicapped; Autistic Support; Life Skills; Regular Education

Other _____

Does your child have a one-to-one assistant at school? Y/N

Does your child receive Wrap-Around or other behavior support services? Y/N
If yes, please describe: _____

Medical/Health Information

Does your child have any of the following: *(please check all that apply)*:

History of Seizures If yes, Type: _____ Duration: _____

Date of last seizure: _____

Shunt

Does your child have any allergies? *(Please specify)*:

Medications: *(please list)*: _____

Does your child have any dietary restrictions? *(Please list)*:

Yes No Activity Restrictions *(Please specify)*:

Yes No Ambulatory

Yes No Wheelchair user Type: _____

Yes No Crutches

Yes No Walker

Hygiene/Toileting Routines

Yes No Has Bladder Control

Yes No Has Bowel Control

Please Note: Parents will be asked to toilet their children **as necessary.

Communication, Vision and Hearing

Yes No Visual Impairment

Yes No Corrective Lenses

Yes No Hearing Impairment

Yes No Hearing Aid

Yes No Communicates Verbally

Yes No Communicates with Adaptations *(Indicate form of communication used)*:

Sign Language Communication Device (List type)

PECs Other _____

Communicates wants and needs independently with identified system of communication.

Behavior

___Yes ___No Interacts appropriately with peers.

If No, please explain: _____

___Yes ___No Has behavioral challenges:

If YES, please explain: _____

Behavior Management Techniques: _____

Student De-Escalation Issues: *(This will help our teachers understand your child)*

Please check all that apply:

Triggers: *What makes your child upset, angry, anxious and/or overwhelmed?*

- | | |
|------------------------------------|-----------------------------------|
| ___ Being touched | ___ Having demands placed on them |
| ___ Encroachment of personal space | ___ Physical Force |
| ___ Yelling | ___ Being Isolated |
| ___ Loud Noises | ___ Being Threatened |
| ___ Teased | ___ Transitions |
| Other _____ | |

Warning Signs: *What are some warning signs your child exhibits when frustrated or in distress:*

- | | |
|-----------------------|----------------------|
| ___ Sweating | ___ Throwing Objects |
| ___ Crying | ___ Yelling |
| ___ Running | ___ Swearing |
| ___ Hurting Others | ___ Pacing |
| ___ Withdrawal | ___ Clenching Fists |
| ___ Other _____ | |

Calming Strategies: *What is helpful for your child to calm down?*

- | | |
|------------------------------|-----------------------|
| ___ Listening to Music | ___ Walking the Halls |
| ___ Reading a Book | ___ Snack |
| ___ Wrapping in a Blanket | ___ Dark Room |
| ___ Hugging a Stuffed Animal | ___ Talking to Staff |
| ___ Talking to Peers | ___ Time Alone |

Please use this space to tell us about your wonderful child! What kind of activities or interest does he or she enjoy?

Ohev Shalom celebrates the uniqueness of each individual and welcomes diversity within our sacred community.