

Client Name: \_\_\_\_\_

**COMPLETE THIS PAGE FOR CHILD INTAKE ONLY**

Are immunizations Current? Yes\_\_\_ No\_\_\_

Has child experience prenatal exposure to alcohol, tobacco or other drugs:

Yes\_\_\_ No\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Has child been exposed to abuse or been abused by others: Yes\_\_\_ No\_\_\_

If yes, which type of abuse? Physical\_\_\_ Verbal\_\_\_ Sexual\_\_\_ Emotional\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Rate child's development (compared to others of the same age) in the following areas:

Below Average	About Average	Above Average
Visual _____	_____	_____
Social _____	_____	_____
Physical _____	_____	_____
Speech _____	_____	_____
Motor _____	_____	_____
Hearing _____	_____	_____
Intellectual _____	_____	_____
Emotional _____	_____	_____

Any type of development rated below average, describe current areas of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone other than biological parents have custody or guardianship of this child? Yes\_\_\_ No\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Are parent(s)/guardian able and willing to participate in services? Yes\_\_\_ No\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Name of school child normally attends: \_\_\_\_\_