The Play Lab Foundation's Weeds Based Intake Form

## EQUITY LOOKS LIKE EVERYONE HAVING WHAT THEY NEED

At The Play Lab, we honor that every child has unique ways of experiencing and interacting with the world. This form helps us understand your child's specific needs so we can create an environment where they feel safe, valued, and able to fully participate in our programs. We partner with Kids Unlimited to provide specialized support, including occupational therapy (OT), speech-language therapy (SLP), behavioral supports, and other services when appropriate. All information shared here will be kept confidential and used solely for the purpose of supporting your child's success and well-being at The Play Lab.

## **FAMILY INFORMATION**

Child's Name:	
Date of Birth:	Grown-up Caregiver (s) Name(s)
Address	
City:	State/Province:
Zip/Postal Code:	Country:
Phone Number:	Email Address:
PROGRAM INFORMATIO	N
What Play Lab program(s) are y  Full-Time Play Lab (Mond  Part-Time Play Lab (please)	•
<ul><li>Summer Care/Adventure</li><li>Drop-In Care</li></ul>	e Days
Other (please specify):	
Please describe any additional (Examples: sensory processing medical needs, behavioral supp	differences, ASD, verbal or communication needs, mobility,
	lify for or receive support services? □ SLP □ Behavioral □ Other: please fill in below

## The Play Lab Foundation's

tell us what you need
1. What strategies, tools, or accommodations have worked well for your child in the past?
2. Are there particular triggers, sensitivities, or stressors we should be aware of?
3. What goals or outcomes would you like to see for your child at The Play Lab?
FAMILY CONTRIBUTION TO SUPPORT
Supporting children with unique needs is a team effort. We ask families to share insights, strategies, and updates, and collaborate with staff to create the best possible learning environment. Your participation helps ensure your child thrives.  We also ask families to remain <b>transparent</b> , <b>open</b> , <b>and willing to learn and unlearn strategies or approaches</b> that best support their child's growth and well-being.
Please check the ways your family feels able to contribute to supporting your child's needs:
<ul> <li>Communicating openly about strategies that work at home or elsewhere</li> </ul>
Helping provide or maintain specific tools, materials, or equipment
Attending brief check-ins or progress meetings  Collaborating with steff on individualized accommodations.
<ul> <li>Collaborating with staff on individualized accommodations</li> <li>Remaining open to learning and unlearning strategies as needed</li> </ul>
Other ideas:
Other ideas.
ACKNOWLEDGMENT & AGREEMENT
By signing below, I confirm that I have read and understand the information provided in this support needs form. I understand that sharing this information helps The Play Lab create an environment that respects and supports my child's unique needs.
I understand that all information shared will remain confidential and used solely for the purpose of planning supports for my child's participation in The Play Lab programs.
Signature of Parent/Guardian:
Date: