

**YMCA of ORANGE COUNTY
CHILDREN WITH SPECIAL NEEDS INTAKE FORM**

This form should be

- 1) Discussed with parent(s)/guardian(s) and all involved staff
- 2) Completed by YMCA Staff (site director in most cases)
- 3) Reviewed by program director
- 4) Signed by parent/guardian
- 5) Used by all involved program staff

Child's name _____ Site/branch _____

Child's age _____ Requested start date _____

Child's likes/dislikes:

Discussion Items (Staff: please discuss these items with parents/guardians and complete form):

1. Our programs generally have staffing ratios of 1 staff per 14 children. Do you feel this will be adequate for your child's physical or behavioral needs? _ **yes** _ **no**. If no, please describe what you feel your child's needs may be:

2. Are there any behaviors for which your child may need special assistance from staff, such as reminders to use the restroom, using appropriate language, using appropriate problem-solving skills, etc? _ **yes** _ **no** If yes, please describe:

3. Does your child need any special equipment for our program (e.g.-special table; wheelchair ramp) _ **yes** _ **no** If yes, please describe:

4. What persons can we contact who have worked successfully with your child (i.e. teachers, counselors, doctors, etc.)

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

5. Is there anything else you would like us to know to help your child be successful in our program?

6. Discuss with the parent what the rest of the intake process will consist of including:

- 1) reviewing school records,
- 2) talking with teachers/observing the child in the classroom,
- 3) talking with references listed above, and
- 4) (if appropriate) a trial enrollment period.

Make sure the parent understands that the purpose of these activities is to:

- 1) collect information that will help us determine if we can meet the child's needs, and
- 2) provide useful information for program staff to work with the child while in the program.

Permission for Release of Information: The _____ has my permission to discuss my child with school personnel and to review and obtain school records pertaining to my child.

Signature of Parent(s) or Guardian

Date

Signature of YMCA Staff

Date

I understand that this is an internal document to be kept in a confidential file.

FOR OFFICE USE ONLY

Action to Be Taken

