

**Intake Assessment: Lego Club Form A (Revised)**

Please complete this form and pass it to the facilitator on the day of first group or by email. This form is needed should we need to contact you in group. The information will also go toward data gathering for working with your child. Your child's picture may be taken in group for the wall of fame in-room display or for funders' reports. If you do not agree to this, state so at the end of this form and sign. Thanks.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:**

**Phone # Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parents names:**

**Emergency contact:**

**Email:**

**School and Grade:**

**Educational Supports:**

**Diagnosis:**

**Psychiatrist and/or treatment team:**

**Medications:**

**Developmental Information: Relevant Adaptive Functioning**

<b>Function</b>	<b>Above Age Level</b>	<b>Age Level</b>	<b>Mild Delay</b>	<b>Mod Delay</b>	<b>Severe Delay</b>
<b>Communication:</b>					
<b>Social:</b>					
<b>Self-Help:</b>					

What areas do you identify that your child needs assistance in. Explain as needed.

**Social?**

**Friendships?**

**Peer preferences/ages:**

**Play activities: parallel play/joint activities/isolated play**

**Other behaviours or expand from section on page one?**

**Any obsessive behaviours?**