

Child/Teen Intake

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ACHaD Department
Betty and Milton Katz Jewish Community Center
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Form to be completed by:

Parent or guardian of a child with a special need/disability interested in registering for the Katz JCC Membership/Program.

Child's Name _____ Age _____ Sex _____ Date of Birth _____ Date _____

Family Name _____ Parent 1 _____ Parent 2 _____

Address _____

City _____ State _____ Zip _____

Telephone # (H) _____ Email _____ Grade in Sept. 2016 _____

Siblings' Name/Ages _____

JCC Member? Yes No Religious Affiliation _____

Are you registered with the Division of Developmental Disabilities (DDD) Yes No

School Attending _____

Has your child been classified? Yes , please indicate _____ No

Does your child have an IEP or 504? Yes No if yes please attach.

What is the nature of his/her disability? _____

Please describe your child's classroom program. Indicate private/self-contained, resource room, inclusion, etc. _____

Please indicate classroom staff:

Class size _____

Access to an aide Yes No

1:1 educational assistant Yes No

Co-teaching Yes No

Was extended school year recommended for your child?

Yes (explain nature of service) _____

No

Related services and supports (in and outside of school) i.e. OT/PT/Speech

Please provide details of challenges (disability) in the following areas:

Visual _____

Auditory _____

Communication _____

Mobility _____

Developmental _____

Learning _____

PHYSICAL/MEDICAL

If on medication, please indicate: _____

Please indicate if there are any diet concerns/allergies/restrictions: _____

Does your child experience seizures? If "yes" please describe _____

Will adaptive devices be used at the Katz JCC? ie: wheelchair, hearing aide etc. If "yes" please list

Will assistance be necessary for movement? (Positioning, dressing, self care, mobility etc.)

Is assistance needed for toileting? If so, please describe _____

Describe gross motor skills (walking, running, throwing, jumping, swimming) _____

Describe fine motor skills (i.e. grasping, manipulating objects) _____

Do you have any suggestions to better meet your child's physical needs? _____

COMMUNICATION/LANGUAGE/SOCIAL SKILLS

Describe communication/language skills. _____

Do you have any suggestions to better meet your child's communication/language needs?

Describe ability to listen and follow directions (attention span and level of distractibility)

Are any behavior management programs used at home or school? Please explain _____

Does your child exhibit any behaviors that may interfere with participation in activities? Please be specific. _____

Please indicate specific techniques for motivation, re-direction, and/or maintaining focus _____

Describe any sensory integration issues. _____

Describe what evokes anxiety and/or escalating behaviors? _____

What are the calming or deescalating activities that work best for your child? _____

Describe any concerns with sharing, waiting turn and/or transitioning. Please offer suggestions for easy transitioning or changes in routine. _____

LEISURE/RECREATION

What type of activity does your child enjoy in his/her free time? _____

Does your child enjoy playing with other children? _____

Is your child involved in any after school activities? _____

PROGRAM GOALS

What are your expectations from this program? _____

Why do you think a supportive program is necessary? _____

Is there any information that we would need to enable your child to be successful?

Parent(s) Signature _____

Date _____