



ITOWN CARES INTAKE FORM

Child's Name _____ Age _____ Campus _____

Most recent school placement _____ Service Time _____

Please describe the nature of your child's disability, illness, condition, or needs.

My child likes:	My child dislikes:	My child is motivated by:
Signs my child is upset:	Signs my child is in pain:	Signs my child needs to use the restroom:
Signs for other needs my child may have:		
Things that make my child feel better:		
Other details we should know: <i>(Please include food allergies, sensitivities, triggers, talents, sensory issues, skills, gifts, etc.)</i>		

Please check all the answers that best describe your child.

Do you think your child needs a one-on-one Buddy? Yes No

Behavioral Tendencies: Running Away Biting Aggression Aversion to touch

My child's toileting skills: Independent Needs assistance In diapers/not potty-trained

My child communicates in these ways: Verbally Non-verbally Sign language Communication Device Picture Board

Other *(Please describe)* _____

Parent or Guardian Contact Information

Name _____ Relationship to child _____

Phone _____ May we text you? Email _____

This form is to be given to parents who are having a one-on-one Buddy assigned to work with their child.

It is highly recommended to laminate this form and keep it on file where Buddies can access it easily on the weekends.

The Buddy (or Buddies) working with the child will use this form as a starting point for getting to know the needs of the child they're working with.

This form will help the Buddy understand the best ways to keep the child regulated so they can hear the message God wants to speak to them each week.