



Special Needs Strategy Intake Form



CHILD'S INFORMATION			
Last Name:		First Name:	
Age:		Gender Identified <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Address (Street #/Name):		Apt/Unit:	Community:
Primary Phone Number:		Alternative Phone Number:	
D.O.B.: _____ DD/MM/YYYY		Family Doctor: Contact Info:	
Status Card Number:		Health Card Number:	
Cultural Considerations:			
Child's School/Child Care:			
Is there is Individualized Education Plan (IEP) in place? If so, has the Initial Placement Review Committee (IPRC)?			
Teacher/Playroom:			
Educational Assistant/Teaching Assistant/Tutor Escort:			
Other Information:			

FAMILY INFORMATION	
Parent/Guardian Name: Relationship: Address:	Parent/Guardian Name: Relationship: Address:
Primary Contact Number: Alternate Phone: Email:	Primary Contact Number: Alternate Phone: Email:
Individual resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Number of children living in the home: _____	
Custody status: <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

FILE NUMBER : _____



SUMMARY OF FUNDING SOURCES

Funding Source	Status (being processed, completed, active, non-active)	Consent Obtained:

CAN CHILD – 6 F’S WORDS PROFILE

Questions for Introductory Document – *Prompts for 6 F’ Words Profile (Function, Family, Fit, Fun, Friends, Future)*

The 6 F-Words is a holistic approach in looking at Childhood Disability – The 6 F-Words focus on six key areas of child development. Recognizing that no one factor is more important than another. We will apply these concepts when working with your child and family.

Coordinated Service Planning is a family centered service. This means that we will work towards goals that is important to your child and family. We would like to create a 6 F-Words Profile for your child so that we can get to know your child and family. This helps us by guiding how we can best support your family centered goals and needs.

Q: *What is your child good at (Function)?*

Q: *Who is in your family (Family)?*

Q: *How does your child stay fit/active?(Fit)*

Q: *What does your child like to do? (Fun)*

Q: *Who are your child’s friends: (Friends)*

Q: *What is a future goal your child may have? (Future)*



FILE NUMBER : _____

PRIORITY ACTIVITIES

List what your current priorities are with your child.

- 1.
- 2.
- 3.
- 4.
- 5.

OFFICE USE ONLY

Documents completed:

- Consent Form
- Consent to Exchange Information
- Screening Tool
- Obtain diagnostic documents (assessments, reports, recommendations, etc.)
 - o Documents included in file (list):

Form Completed by:

Date:



FILE NUMBER : _____