



SAMPLE: PLAY PROJECT FAMILY INTAKE FORM

Date: ____/____/____

Child's Information

Child's Name: _____ Birth date: ____/____/____ Gender: *M F*

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ E-mail: _____

Race: *White/Cauc. Black/Af. Am. Asian/Pacific American Native/Alaskan Other* _____

Please list any major medical problems: _____

A. What would you like us to know about your child and/or your family?



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Family Information

Mother's Name: _____ Birth date: ____/____/____ Occupation: _____

Schooling: *Non-High School Grad High School Grad Some College College Grad Post-Grad*

Father's Name: _____ Birth date: ____/____/____ Occupation: _____

Schooling: *Non-High School Grad High School Grad Some College College Grad Post-Grad*

Primary Caregiver's Name: _____ Birth date: ____/____/____ Occupation: _____

Schooling: *Non-High School Grad High School Grad Some College College Grad Post-Grad*

Marital Status: *Married Divorced Separated Single Living Together Widowed Other* _____

Number of Siblings Living in Household: _____

List the names and ages of siblings. Indicate whether this sibling lives in the household:

List the names and ages of any other people living in household:



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Educational Information

B. Diagnosis

Age of child at initial diagnosis: ____ years ____ months

Diagnosis: *Autism AI PDD POHI Language Impaired Aspergers Other* _____

Who made the diagnosis? _____

C. Education

Is your child in a Special Ed. Program? *YES NO Which one(s)? PPI Early On Inclusion Other* _____

School Name: _____ District: _____

Address: _____ City: _____ State: _____ Zip: _____

Age when first enrolled in Special Ed.: ____ years ____ months

____ ***Please total the number of hours your child spends in the Special Ed. Program per week.***

C. Therapies/Interventions

Please complete the following chart.

Therapy/Intervention	Agency	Start Date	Frequency	Session Length

____ ***Please total the number of hours per week of all therapies outside of school.***

D. Parent Involvement

Are you currently using PLAY Techniques with your child? *YES NO*

____ ***If yes, please estimate the number of hours per week.***

Notes:
