

**HUB INTAKE FORM – Today's Date \_\_\_\_\_**

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F Age \_\_\_\_\_

Parents' names \_\_\_\_\_

Street Address \_\_\_\_\_

(City) \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

(Father's Cell) \_\_\_\_\_

(Mother's Cell) \_\_\_\_\_

Email \_\_\_\_\_

**What school is the participant currently attending? What kind of class and what level of support?**

\_\_\_\_\_  
\_\_\_\_\_

**Does the participant have any types of challenging behaviours (eg. self-injurious, property destruction, pacing, bolting, repetitive behaviour)?** YES NO If YES. Describe how, in what situations and how often \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How does the participant communicate?** Circle all that apply: speech, signs, PECS, gestures, does not communicate.

**Does the participant have any mobility issues?** YES NO If YES, please describe support needs.

\_\_\_\_\_  
\_\_\_\_\_

**Does the participant have any medical conditions that may impact his/her ability to engage in physical activity (e.g. hiking, trampoline) or community outings (e.g. epilepsy)**

YES NO \_\_\_\_\_

\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**When are you interested in having the participant attend the program?**

\_\_\_\_\_

The no-cost initial appointment at HUB is confirmed for \_\_\_\_\_

**\*\*Participant must attend with parent/guardian\*\***

