



## **INTAKE APPLICATION**

### **Personal**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address (include postal code): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Medical (if applicable)**

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

Diagnosed by whom: \_\_\_\_\_

**Current Medication:**

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

**Past Medication:**

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



Allergies: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Other Biological Interventions: \_\_\_\_\_

Why have you decided to make the change to a distributed learning centre?

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

Is your child currently enrolled in school? \_\_\_\_\_ If so where and what grade are they currently enrolled in? \_\_\_\_\_

Is your child working with an adapted curriculum? \_\_\_\_\_

What location are you considering for services from Fawkes Academy?: Richmond, Burnaby, or in-home? \_\_\_\_\_

What are some of the educational challenges that your child is currently facing in school?

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



Describe any problem behaviors within a teaching setting:

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**Primary Goals**

*Please list your three major goals for your child over the next year*

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*Please include copies of all professional reports and evaluations you have for your child to assist in ensuring this program will be appropriate to address your child's unique needs.*