



Where every child is unique, every child is valued, and every child can learn

Intake Meeting Preparation Form

Student Full Name:	Student Diagnosis/Designation:	Current Medication:
Student Date of Birth:	Age at Diagnosis: Diagnosed by:	Previous Medication:
Parent/Guardian Name:	Parent/Guardian Name:	Parent/Guardian Name:
Phone #:	Phone #:	Phone #:
Email:	Email:	Email:
Home Address (include postal code):		
Current School Name:	Current School Schedule Days per week attending:	Current Grade:
Current School Location:	Hours per day attending:	
Current School Curriculum Adapted Curriculum: ___ Modified Curriculum: ___ Unsure: ___	Fawkes Service Requested Online Learning (DL): ___ Richmond Campus: ___ Burnaby Campus: ___	Does the Student Require 1 to 1 Support at all times at school? 1 to 1 support: ___ Partial support: ___
Student Allergies:	Student Special Diet:	Biologic Interventions:

What led you to Fawkes Academy at this time?	How did you hear about Fawkes Academy?
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What are some of the educational challenges that your child is currently facing in school?
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Please describe any behavioural challenges that may be faced within a teaching setting:	
Are there any other current stakeholders (e.g., OT, SLP, BCBA, Psychologist, Counsellor) in planning or home supports:	
Do the student's parents or guardians anticipate availability changing for any reason within the next year? (e.g., custody issues, moving):	
Student Strengths:	Student Interests:
List 3 main social goals for the student:	List 3 main communication goals for the student:
List 3 main life skills goals for the student:	List 3 main behaviour support goals:
List 3 main academic goals for the student:	List additional support goals (if necessary):

Does the student engage in any of the below behaviours?			
Description: what do episodes of these behaviours look like?			
Intensity: On a rating scale of 1 to 5 where 1 is mild intensity and 5 is sever or high intensity			
Frequency: How often does each behaviour occur – Daily, Weekly, Monthly			
Behaviour	Description	Intensity	Frequency
Aggression (physical/verbal)			
Tantrums (Please describe)			

Self-Injury			
Spitting (All types)			
Elopement (Running away, leaving without permission)			
Repetitive Behaviours			
Separation Anxiety			
Sadness/Possible signs of Depression			
Oppositional Behaviour or High Refusal rate			
Other Behaviour(s) not listed			
What strategies have worked to address behaviours such as anxiety, aggression, anger:	Triggers that may cause behaviour (e.g., unexpected sound, saying a certain word):		

Is there any other information you would like to share regarding the student's needs?

Form completed by:			
Full Name	Parent or Guardian?	Contact Number	Email address:

Administration Use			
Form reviewed by:			
Full Name	Position	Date of Review	Next Steps