



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 Supplemental (Adapted): ___ Replacement (Modified): ___ Unsure: ___	Fawkes Service Requested Online Learning (DL): ___ Richmond Campus: ___ Vancouver 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?
What are some of the educational challenges that your child is currently facing in school?	

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