

Social Motion Skills Intake Questionnaire

Contact information

Student

Student Name *

Birth Date *

Student's current age and grade *

Student's current school *

Parents

Mother's Name *

Father's Name *

Home phone number *

Mother's cell number *

Father's cell number *

Best e-mail contact *

Secondary email contact

Address *

Student Profile

Does student have a formal diagnosis? If so, please explain. *

In a stressful situation student may:

Make inappropriate statements

Get angry, yell out

Have a meltdown, get tearful

Shut down, reduce eye contact

Make odd noises, movements

Seek to hide

Seek to run away

Details to above:

Indicate student's broad reading and writing skills.

Reads at age/ grade level

Likes to read aloud

Does not like to read aloud

Writes at age/grade level

Likes to write

Does not like to write

Details to above:

In general, how does the student's language expression and comprehension abilities compare to typical peers?

Equal to Above	Below
Argues	Blurts out
Repeats phrases out of context	
Monopolizes conversation	Reluctant to join conversations
Needs time to respond	
Has difficulty with idioms and inferences	
Difficulty with proper tone of voice	

Details to above:

Does the student have any significant sensory issues? Noise? Smells? Touch? Other? *

Describe student's general temperament (happy, unhappy, curious, worried, anxious, easy going etc.)

Does the student have any significant allergies? Food? Environmental? *

Is the student currently on medication? Yes No

What are your areas of concern for this student? What would you like to see improve?

Please email completed forms to epinckney@thehealthmuseum.org