



# Participant Intake Form

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

School District/Agency: \_\_\_\_\_

## **Personal Information Request**

Primary Disability: \_\_\_\_\_

Student DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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If participant is currently enrolled in high school, please complete the following:

Academic Standing: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_

Classroom (Learning Support, Pull-Out, Life Skills, Emotional Support or Inclusive):

\_\_\_\_\_

Functioning Grade Level (Reading/Math):

\_\_\_\_\_

Family Structure (Siblings, Pets, Divorce etc.):

\_\_\_\_\_

## **Pre-Employment/Vocational Activities and Settings**

The participant's top three areas of interest for employment are:

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

The participant has participated in the following pre-vocational, vocational, or volunteer experiences:

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

We are working on the following vocational goals with the participant:

\_\_\_\_\_



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At a vocational site, the participant requires the following supports/accommodations:

- Written schedule
- Picture schedule
- Work/Break schedule
- Work/Reinforcer schedule
- Breaks when requested
- Work that permits the student to sit
- Work that allows the student to stand/move around
- Vocal output device (Dynavox, iPOD, iPAD, etc.)
- One-step directions
- Written directions
- Visual supports: \_\_\_\_\_
- Social stories: \_\_\_\_\_
- Behavioral supports: \_\_\_\_\_
- Other: \_\_\_\_\_

The following safety concerns, physical limitations, or medical concerns should be considered for the student in a pre-vocational/vocational setting:

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### **Adaptive Behavior Needs/Behavioral Supports**

The participant has the following adaptive behavior needs:

- Assistance in the restroom: \_\_\_\_\_
- Supervision in the restroom: \_\_\_\_\_
- Other: \_\_\_\_\_

The following antecedents are triggers for student behavior:

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The participant may display the following behaviors of concern:

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The following strategies work well in maintaining positive behavior:

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The following strategies work well when addressing a behavior of concern:

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Additional Information:

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