

IMPs (Intensive Music Program) at Hopkinsville Family YMCA

Intake Form

Child's Name: _____ DOB: _____

Parent(s) Name(s) _____

Address: _____

Phone # _____ E-mail: _____

Child's Diagnosis: _____

Medications (this is asked only in case of side effects that might change a child's behavior or tolerance to sound or the length of the class):

Is your child ambulatory? Yes No

Does your child need special seating or positioning? Yes No If yes, please describe:

Does your child use any Assistive or Augmentative Communication Devices? Yes No If yes, please describe:

Does your child have any vision or hearing deficits? Yes No If yes, please describe:

Does your child have Sensory Integration issues? Yes No If yes, please describe:

Is there a current behavior support plan in place that you would like carried over into our class?

Yes No If yes, please describe:

Is your child receiving, or has he/she received music therapy services in the past? If so, where and when?

How did your child respond? Were goals and objectives met?

Please use this space to tell me anything that you feel is important for me to know about your child. I want to take this time to state again that this information will be kept completely confidential. I only use this information as a starting point to create activities that will benefit your child, and no one else has access to this form.

Please return this form to the Hopkinsville Family YMCA, ATTN Marybeth Brand, MT-BC ,

7805 Eagle Way, Hopkinsville, KY 42240