



PRELIMINARY EVALUATION FORM

IDENTIFICATION

Child's Name Firstname M Lastname

Address Street

City

State, ZIP

Primary language Primary

Other language(s) spoken at home

Date of birth MM/DD/YYYY

Place of birth City, state, country

Age in years

Sex M, F

Race/Ethnicity

Religion

CAREGIVERS

Caregiver 1 Firstname M Lastname

Address (if different) Street

City

State, ZIP

Education Please describe highest level of education, include year and degree if applicable

Occupation and place of business

Date of birth MM/DD/YYYY

Emergency Phone

Phone Home/Mobile

Phone Work

Race/Ethnicity

Religion

Relationship to child Please include length of time as caregiver

Caregiver 2 Firstname M Lastname

Address (if different) Street

City

State, ZIP

Education Please describe highest level of education, include year and degree if applicable

Occupation and place of business

Date of birth MM/DD/YYYY

Emergency Phone

Phone Home/Mobile

Phone Work

Race/Ethnicity

Religion

Relationship to child Please include length of time as caregiver

PARENTAL HISTORY

Married

Separated

Divorced

Deceased Mother

Deceased Father

Never married

Why are we asking about this?

We ask about parental history to better understand your family's structure and dynamics.

If adopted or in foster care, with biological parents until age:

LEGAL AUTHORITY

Who has legal guardianship for the child?

Both parents **Mother** **Father**

Other

Who has authority to make medical decisions for the child?

Both parents **Mother** **Father**

Other

EMERGENCY CONTACTS

Please list at least two emergency contact people who will be nearby during Camp Courage.

Name Firstname M Lastname	Relationship	Contact number Phone
Name Firstname M Lastname	Relationship	Contact number Phone
Name Firstname M Lastname	Relationship	Contact number Phone
Name Firstname M Lastname	Relationship	Contact number Phone
Name Firstname M Lastname	Relationship	Contact number Phone

PREVIOUS EVALUATIONS AND TREATMENT

Please list your child's previous evaluations and treatment for selective mutism and any other conditions.

Provider	Diagnosis/Impression	Dates	Did it help?

Which characterizes your child's treatment for selective mutism to date?

- Currently in behavioral treatment at Child Study Center
- Currently in behavioral treatment with an outside provider in the NY area
- Currently in behavioral treatment with a provider outside the NY area
- Currently not receiving behavioral treatment
- Currently taking medication as part of treatment plan
- Currently not taking medication as part of treatment plan
- Other

Please describe

HOME/FAMILY INFORMATION

- Does your child speak normally at home? Yes No
- Does your child interact with peers at home? Verbally, nonverbally? Yes No
- If yes, does your child interact with peers at home verbally, nonverbally? Verbally Nonverbally
- Does your child continue to interact verbally and nonverbally when guests are present in the home? Yes No
- Are there extended family members that child is more reluctant to speak with? Yes No

COMMUNITY INFORMATION

- Does your child speak in front of community members (e.g. clerks, waiters, cashiers)? Yes No
- Does your child speak directly to community members? Yes No
- Does your child respond to unfamiliar people (e.g. people in elevators, stores, restaurants)? Yes No
- Does your child respond to familiar people you see in unexpected settings (e.g. friends on the street)? Yes No
- Does your child participate in birthday parties? Yes No
- If yes, verbally, nonverbally? Verbally Nonverbally

SCHOOL INFORMATION

Name of School

Grade

Teacher Firstname M Lastname

Phone Work

Type of Program

- Public Regular Ed
 Private Special Ed

Special Ed Please specify

If applicable, please check boxes next to special services that your child receives.

- Not applicable Adaptive Physical Education
 Resource Room Speech/Language
 Occupational Therapy 1:1 Para
 Counseling Other

Other Please specify

Describe your child's appearance (body language) and comfort level in the classroom.

Why do we ask this question?

Your response to this question helps us get a sense of your child's comfort (or discomfort) level in the classroom.

You may have noticed his or her behavior change during drop-offs, pick-ups, or other events at school. Your child's teachers' observations are also helpful.

Does your child participate nonverbally in the classroom?

- Raise his/her hand
 Write
 Write on board in front of the class
 Pass our papers

Does your child participate nonverbally on the playground or school grounds (e.g. play with other kids during recess)?

How is your child performing in class?

- At grade level
 Below grade level
 Above grade level

SCHOOL INFORMATION

Please check off all the ways your child responds in these school situations

Situations	Responses								
	Nods	Points	Writes words down	Mouths words	Whispers one word	Whispers full response	Low volume response	Full voice response	No response
Answering main teacher									
Answering other school staff members									
Answering close peers									
Answering classmates									
Initiating main teachers									
Initiating close peers									
Initiating other school staff members									
Initiating classmates									

GENERAL INFORMATION

How does your child get along with other children?

What activities does he/she enjoy?

List your child's talents, special abilities, and strengths.

What is your child's favorite color?

What is your child's favorite ice cream flavor?

What are your child's favorite snacks?

What are your child's favorite TV shows, characters, and/or movies?

Does your child have any allergies or special dietary considerations?

Is there anything else we should know about your child?

DECLARATION

I declare the above information on all pages of this intake form to be accurate, correct, and a true reflection of my (or my minor's) physical condition.

Name Firstname M Lastname

Date MM/DD/YYYY

Signature