



CADS Enhancement Centre Intake Form

Please attach:

- a. 3 copies passport size photographs of student (new student)
- b. 1 copy each passport size photograph of parents (new student)
- c. 2 copies of birth certificate (new student)
- d. 1 copy each parents' (new student)
- e. A copy of student's medical report

STUDENT

Name : _____

Diagnosis : _____

Date of Birth : ____ / ____ / ____ Sex : Male / Female

Birth Cert. No. : _____

No. of Siblings : _____ Child No. : _____

Independent : Feeding Toilet training Mobility

Home Address : _____

PARENTS/GUARDIAN

| FATHER/GUARDIAN | MOTHER/GUARDIAN |
|----------------------|----------------------|
| Name : _____ | Name : _____ |
| NRIC : _____ | NRIC : _____ |
| Citizen : _____ | Citizen : _____ |
| DOB : _____ | DOB : _____ |
| Occupation : _____ | Occupation : _____ |
| Company : _____ | Company : _____ |
| Tel (House) : _____ | Tel (House) : _____ |
| Tel (Office) : _____ | Tel (Office) : _____ |
| Tel (H/P) : _____ | Tel (H/P) : _____ |
| Email : _____ | Email : _____ |

PRESENTING PROBLEM

Briefly describe your child’s current difficulties: _____

Family history :

Child’s Medical history : _____

Psychological history : _____

Please write a brief description of the child for each of the following areas:

| | |
|---|--|
| How long has this problem been of concern to you? | |
| When the problem was first noticed? | |
| Has the child received evaluation or treatment for the current problem or similar problem? If yes, by whom? | |
| Is the child on medication at this time? If yes, please note kind of medication | |
| Who referred you here? | |
| Other therapies | |

| | |
|---|--|
| Other medical/physical diagnosis | |
| Relevant history/ additional comments/ behavioral factors | |

OTHER INFORMATION

Please write a brief description of the child for each of the following areas:

| | |
|--|--|
| Any major concerns when working with the child (i.e. seizures, biting, self-injuries behavior, etc.) | |
| Kind of stimulation | |
| Preferred means of communication (verbal language/dialect/pictures) | |
| Behavior when in social group | |
| Behavior when at home | |
| Strength | |
| Likes | |
| Dislikes | |
| Diet | |

| | |
|-------------------------|--|
| Allergy | |
| Areas of need in school | |

What disciplinary techniques do you usually use when your child behaves inappropriately? Place a check next to each technique that you usually use. There is also space for writing any other disciplinary techniques that you use.

| | | | |
|--|--|--|--------------------------------|
| | Ignore problem behavior | | Tell the child to sit on chair |
| | Scold child | | Send child to his/her room |
| | Spank child | | Take away some activity |
| | Threaten child | | Reason with child |
| | Redirect child's interest | | Don't use any techniques |
| | Other techniques (described) : _____ _____ _____ | | |

Which techniques are usually effective, with what type of problem(s)?

Which type(s) of disciplinary techniques are usually ineffective, with what type of problem(s)?

Any other important notes regarding this child : _____
