

Girls' Group Intake Form

IDENTIFYING INFORMATION:
Child's Name/ DOB:
Guardians Name:
Address:
Phone #: Home: Cell:
Diagnosis(es):
Medication(s):
List Any Allergies:
STRENGTHS & BEHAVIORS
Strengths and Interests:
Behaviors of Concern:
Triggers for Acting Out:
Intervention Strategies:
Methods that Calm Child When Agitated: