



Champion Learning Center (CLC) LLC.

3055 Old Hwy 8, Suite 190

Saint Anthony, MN 55418

TEL: 612-345-7659

FAX NUMBER: 612-605-6300

All pages of the intake form MUST be completed and mailed, faxed, or e-mailed to our office for registration.

Child's Name: _____
First Last Middle Initial Nickname

Date of Birth: _____ Age: _____ Male Female

Parents Names: (Mother) _____ (Father) _____

Phone Number: _____ Email: _____

Address: _____
Street City State Zip

Child's Health Insurance: _____

Policy Number: _____

Has your child had a CMDE Assessment or Diagnostic Assessment? Yes No

If yes, where was the assessment done? _____

Has your child ever utilized ABA services? Yes No

Preferred Language: _____

Do you need an interpreter? Yes No

Does your child have a Case Manager? Yes No If yes, name of case manager:

_____ Which agency/county? _____

Is/was your child attending school Yes No If yes, name of school: _____

Individual Education Plan (IEP)? Yes No Which school? _____

PCA Company: _____ Amount of Hours: _____



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Autism & Other Conditions:

- Autism
- Asperger's Syndrome
- Allergies to: _____
 - Reaction to allergies: _____
- Anaphylaxis
- Asthma
- Fragile X
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Blind/Vision Impaired
 - Glasses__ Cane__ Arthritis__
- Uses Sign Language
- Diabetes/Insulin dependent
- Developmental/Cognitive or Intellectual Disability
- Down Syndrome
- Epilepsy/Seizures, type and frequency: _____
- Pervasive Development Disorder
- Prader Will Syndrome
- Rhett Syndrome
- Traumatic Brain Injury
- Other: _____

Eating:

Assistance Level: Independent Some Assistance Total Assistance

Food Allergies:

Reaction: Hives Difficulty Breathing Nausea Anaphylaxis Other

Special Diet: None Diabetic Lactose Intolerant Gluten Free Pureed Chopped

Difficulty with: Swallowing Chewing Drinking Liquids

Are there any foods or drinks you prefer your child not to eat? _____



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Safety and Behaviors:

Self-injurious Behavior Verbal Aggression Eloping/Bolting

Comments: _____

Communication:

Able to communicate wants/needs verbally? Yes No

Uses communication device? Yes No If yes, please explain: _____

Understands/responds to questions: Yes No

Able to read? Yes No Able to write? Yes No

Can child communicate pain? Yes No

Further Instructions: _____
