



**EMBRACE**  
THE JOURNEYS

### Intake Assessment

Child's needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental History:** (see below, or check here  if not available)

Intellectual:	<input type="checkbox"/> On time	<input type="checkbox"/> Delayed	
Speech:	<input type="checkbox"/> On time	<input type="checkbox"/> Delayed	
Social/Emotional:	<input type="checkbox"/> On time	<input type="checkbox"/> Delayed	
Fine Motor:	<input type="checkbox"/> On time	<input type="checkbox"/> Delayed	
Gross Motor	<input type="checkbox"/> On time	<input type="checkbox"/> Delayed	

**Behavior/functional skills:**

<input type="checkbox"/> Receiving services now	<input type="checkbox"/> Never received services	<input type="checkbox"/> Unsure
<input type="checkbox"/> Needs substantial support	<input type="checkbox"/> Needs some support	<input type="checkbox"/> No issues at present

Communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Functional/adaptive skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Challenging behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Initials: \_\_\_\_\_