

# INTAKE

The Village Crew  
Behavioral Intervention Association  
5140 N. Fruit Avenue  
Fresno, CA 93711  
559.449.1059

*Crew Member Information:*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Sex: ( ) M ( ) F School: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

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*Crew Member History:*

Today's Date: \_\_\_\_\_

Best Emergency Phone Number: \_\_\_\_\_

Please list those who are authorized to pick up your child after CREW:

\_\_\_\_\_  
Please list any physical restrictions that may impact CREW activities:

\_\_\_\_\_  
Please list any dietary restrictions:

\_\_\_\_\_  
Please list any allergies and instructions if your child has a reaction during CREW participation:

\_\_\_\_\_  
Does your child have asthma?

\_\_\_\_\_  
Does your child take any medications? If so, please list:

\_\_\_\_\_

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*School History:*

School: \_\_\_\_\_ Grade/Class Type: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Child's academic strengths:

\_\_\_\_\_

Child's academic weaknesses:

\_\_\_\_\_

Please describe any behavioral or interpersonal problems your child has had at school:

\_\_\_\_\_

What is your child's attitude towards school?

\_\_\_\_\_

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*Family Information:*

Parents Names: \_\_\_\_\_

Occupations: \_\_\_\_\_

Siblings:	Name	Age	Grade
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_____	_____	_____	_____
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*Social Relationships:*

Please circle what best describes your child.

My child has (some, a couple, no) friends.

My child (often, rarely, never) gets invited to friend's homes.

My child (often, rarely, never) invites peers over to our home.

My child prefers to (watch tv, read, use computer, actively play with friends, play video games, do nothing).

My child seems (frustrated, angry, lonely, happy, content, bored) most of the time.

My child is aggressive towards other children (never, rarely, occasionally, sometimes)

My child responds to peers communication and will sustain a conversation with a peer (often, rarely, never)

What is most concerning about your child's social relationships:

\_\_\_\_\_

Please list any fears your child has:

\_\_\_\_\_