# Pre-driving Readiness Program Intake Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent(s) Name</td>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td>Cell Phone</td>
<td></td>
</tr>
</tbody>
</table>

## School

<table>
<thead>
<tr>
<th>School and/or Work (volunteer or paid)</th>
<th>Grade</th>
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Describe any academic or work concerns

Reading grade level if known:

## Medical: Diagnoses/Mobility/Medication/Special Diets

Diagnoses

Seizure Disorder? **YES** NO (circle one)

Mobility: Assistive Devices? **YES** NO (circle one)

If yes, please list devices:

Medication currently taking and reason

Any food allergies? **Special** diet? Reaction when certain foods are eaten?

## Behavior/Emotional Regulation/Calming Strategies

Describe any behavior, emotional concerns and calming strategies
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Social Skills
Describe any social concerns

Developmental Skills
Describe any sensory challenges or motor concerns

Life Skills
Describe any areas of concerns regarding performance of daily life skills, specifically organization, time management, performance of self-care, hygiene, chores, or homework, self-initiation, self-regulation

Reason for Participation
Describe reason for attending this program