



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Rising Star Camp Intake Form

1. _____
Name of Child

3. _____ / _____
Age Birth date

4. Child lives with: _____

2. **Race:** White Black
 African American Asian
 American Indian or Alaska Native
 Native Hawaiian Multiracial
 Other

Ethnicity: Hispanic/Latino
 Non Hispanic/Non Latino

Who referred you to the program? Reason for referral

5. _____

6. Please place a check next to any of the following stressful life situations the child has experienced:

School Problems Truancy Bullying (others or the target) Suspension from School
 Loss of a Job by parent/Financial Hardship Parent Illness Divorce/Separation of parents
 Substance Abuse Health Issues Foster Care Juvenile Court Involvement
 Death in the Family Domestic Violence Sexual/Physical Abuse Other (Please Specify) _____

7. Does your child have any diagnosis that we should be aware of which would help us best serve them in our programs?

8. Has he/she ever seen a counselor or therapist? If yes, please list the counselor's name, and start/end dates. If currently seeing a therapist, please list the start date and indicate if ongoing.

9. Does your child receive sensory breaks in school? If yes, please list some of the items they use during these breaks.

10. Has your child had a history of any of the following behaviors/conditions? Please place a check that corresponds to any that you have observed or have had reported to you:

Lying Defiance Stealing Running Away Bed Wetting
 Depression Sleep Problems Obsessions/Compulsions ADHD Diagnosis
 Sensory Processing Problems Motor Coordination Problems Anxiety
 Suicidal Threats or Comments Self-Injury Poor Anger Management Setting Fires

***Please indicate on the back of this paper if there is any other information that will help us best serve your child's needs.**

Thank you for being as thorough as possible and for your time.