# Adroit Student Intake Form

**Student First Name**                    **Student Last Name**                    **Gender**

**DOB**            **Age**            **Grade**        **Height**        **Weight**        **Home Language**

**Special Needs Category**

| | | | |
|---|---|---|---|
| Autism | Blindness | Deafness | Emotional Disturbance |
| Hearing Impairment | | Intellectual Disability | Multiple Disabilities |
| Orthopedic Impairment | | Other Impairment | Learning Disability |
| Speech/Language Impairment | | Traumatic Brain Injury | Visual Impairment |

**Population Type**    Deaf Ed    ESE    ESSA    ESY    Magnet School    MKV    Out Of District    Pre-K    Regular Ed

**Transportation & Equipment Needs**        Booster Seat        Buckle Guard        Car Seat        Harness        Nurse/Aide

Nurse/Aide Name                            Phone #

**Type of Service**        __ Sedan        __ Minivan/Large Vehicle        __ Wheelchair

**AM Pick Up Address**

**PM Drop Off Address**

**Parent/Guardian Name #1**            **Phone#**            **Email**

**Parent/Guardian Name #2**            **Phone#**            **Email**

**Emergency Contact # 1**            **Phone#**            **Email**

**Emergency Contact # 2**            **Phone#**            **Email**

**School Name**                        **School Address**

**Class/Teacher Contact**                **Phone#**

**Start Date**                **End Date**            **School District**

| **Attendance & Bell Schedule** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|
| **AM Bell Time** | | | | | |
| **PM Bell Time** | | | | | |

**Comments & Health Concerns**

*Please attach School Year Calendar*