## **ATP Student Intake Questionnaire**

Student:			Studen	Student's Bday:			
Guardians:							
Phone: Parent				E-mail:			
Family's preferre	d mode of sch	ool/home comm	nunication	(email, ph	ione, etc):		
Connections The following info successful transition		suring your stude	ents receive	s all the se	ervices they need	I for a	
County What county do ye	ou currently live	in? Chahamiah k	(in a				
What county do yo	ou currently live	in? Shonomish r	ang				
<b>Developmental D</b> Is your student cur		•	•	o			
If so, who is their [	DDA case mana	ager?				_	
If not, have you tri	ed to apply in th	ne past? Yes	No				
Does your student	receive respite	e/personal care ho	ours? Yo	es No			
Is your student on	a Waiver? Yes	No					
If so, what kind?	Basic	Basic Plus	C	ore			
Social Security Is your student sig	ned up with SS	I? Yes No					
If so, are they rece (We ask this ques maximum amount	tion only to assi		Yes Neeing that		nt receives the		
<b>Guardianship</b> Have you establish	ned legal guard	ianship for your s	student?	Yes	No		
If you have not est	tablished guard Yes	ianship, would yo No	ou like more	informatio	on about		

Student's Story (Brief history, significant events, important people in your student's life, etc):
Student's Passions (What are some of your student's interests? What are things they really enjoy?):
Extracurricular Activities:
Strengths:
Support Needs/Issues (medication, medical concerns, behavior, accommodations, learning, etc):
Strategies That Work Well With Your Student (Set routines, visuals, etc):
Strategies That Don't Work Well With Your Student:

Work/Volunteer History (If your student is in their first year of our program, please include any sort of vocational tasks your student may have performed on a high school campus as well):
Goals for Next Year (What would you like to see your student working on?):
Anything Else You Want Us to Know?