___ Tour scheduled: Date: _/__/__ TIme: ___
___ Sent house address: Y or N
___ Add to calendar ___ Add to WIX

BUILDING PATHWAYS
A BRIDGE FOR GREAT POTENTIAL

INQUIRY FORM

Date:_____

Name of Parent/Guardian: _____

Phone # _____-_____-_____Email: _____

Relationship of to Participant: Mother Father Brother Sister Other _____

Participant Name: _____

DOB/Age: _____ (Circle one) Male or Female

Diagnosis(s) of Participant: _____

Currently in school? Y N If yes, where _____
Academic Level: Math _____ Reading _____

Toilet Trained? Y N
Can the participant use the bathroom on his/her own? Y or N
Can they wipe themselves on their own? Y or N
If female, do they have their period yet? Y or N
Do they need assistance in the bathroom when they have their period. Y or No

Reinforcers- What are they interested in?

_____

_____ _____

Participant Last Participant First

Social Skills- What areas do they struggle with?_____

What areas are their strengths? _____

Behaviors- What areas do they struggle with?_____

Communication- _____Verbal _____Device/Signs _____Non-Verbal

Biking on their own? Y N **Swimming on their own? Y N**

Special Diets/Allergies- _____

Medications- _____

Receiving Outside or Private Therapies- Y or N
How Long Ago-_____Where-_____

Family Information- Lives with _____

Prior School History- _____

How did you hear about us? _____

What programs are you interested in?

- ❏ Social Skills Saturday 9-12pm Classes
- ❏ Indep Club) PT 3 day or FT 5 days)
- ❏ Camps (June/July)
- ❏ Guys Supportive Housing

Payment Options:

___ Pay via cash/check
___ FES-UA
___ CDC+
___ Private Pay
___ Other _____

FOR OFFICE USE ONLY

NOTES:

Participant Last	Participant First