

Pathways Common Intake Form (Computer version)

Parent or Guardian: This form will satisfy the intake information requirements for most social service agencies. Please fill in the highlighted fields and make your comments where indicated. Print the form and sign it when it is complete.

Pathways is not an affiliate of the Massachusetts Public School Systems. Therefore, services that may be offered, recommended and/or rendered are the decision of and at the discretion of and per agreement between the parent/legal guardian and those professionals and agencies participating in the Pathways Initiative. The school is providing a resource to parents who will determine if a particular service or referral for services is desired. All services that may be sought by the parent/guardian or offered by a Pathways participating agency (see agency participation page) are at the discretion of and will be determined by the parent/guardian and Pathways affiliated Agency(ies). The dissemination of Pathways literature is not to be in anyway construed as an indication of a school recommendation for services. In addition, the school is not responsible in any way for the type, kind, or quality of services of Pathways or affiliated agencies.

Your child's name	DOB	Gender	Race
Primary Language			
Child's Address			
Guardian name	Date		
How may we contact you?			
Day phone	May we leave a message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evening	May we leave a message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell	May we leave a message?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email			

Is your child currently receiving mental health services? Yes No

If yes, specify therapist _____

Diagnosis if known: _____

Has your child been hospitalized for behavioral or emotional problems? Yes No

If yes, specify hospital _____ Dates of hospitalization _____

Reasons for hospitalization _____

School	District	Grade	SASID
IEP? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, type of disability _____			
Special education services or 504 plan _____			

Primary Care Provider	PCP phone
Any current physical/neurological problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, specify:	
Is your child covered by medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what company?	

Is your child taking medication for a behavioral or emotional condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medication prescriber	
Medication	for (target)
Medication	for (target)
Medication	for (target)

Is your child covered by medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what company?	_ID Number

Agencies currently involved?	
Department of Mental Health (DMH)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Department of Social Services (DSS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Department of Youth Services (DYS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child in Need of Service (CHINS)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Probation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Department of Mental Retardation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other community supports	
(Boys and Girls Club, YMCA, Church/Synagogue) (specify):	

Briefly describe any known social, family, or situational factors that you think might be having an impact on your child's functioning:

Your reasons for completing the Pathways Intake Form

Your concerns about your child?

Others' concerns about your child?

What kind of supports might be helpful to your child or your family?

- Academic (specify)
- Mental (specify)
- Medical (specify)
- Mentoring (specify)
- Recreation (specify)
- After school (specify)
- Survival (food, clothing, shelter) (specify)
- Other (specify)

Check any problems below that pertain to your child, and make comments.

- Social difficulties (specify)
- Anxious, fearful, avoidant (specify)
- Depressed (specify)
- Odd or bizarre behavior (specify)
- Abuse of drugs or alcohol (specify)
- Disruptive, defiant or delinquent behavior (specify)
- Agitated, restless or manic (specify)
- Confused, out of touch (specify)
- Harm to others (specify)
- Harm to self (specify)
- Other (specify)

Behavioral Observations: rate behaviors and add your comments

N=Never, S=Sometimes, O=Often A=Almost Always					
	N	S	O	A	Comments
Hits or punches others when angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Threatens to hurt or kill others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hurts <i>self</i> or threatens to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bullies others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bullied <i>by</i> others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Starts fights with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Runs away from adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vandalizes property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually harasses or abuses others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays with fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other dangerous behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Talks back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refuses to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Angry, sullen, resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spiteful, mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annoys others deliberately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blames others for his/her mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other defiant behavior: (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble paying attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble completing tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forgetful or disorganized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appears depressed, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fears associated with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visits the school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elated (too happy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confused about reality vs. fantasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing or seeing things others can't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behaves oddly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has trouble relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Odd movements or mannerisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avoids eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refuses to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Odd or excessive interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you have questions or need help with this intake form, please contact Janet Funari, Pathways Resource Specialist, at (781) 749-5386 jfunari@ssec.org

Signed: _____ Date: _____

After completing this form you can send it to Janet Funari by:

1. Email to jfunari@ssec.org
2. Fax to (781) 740-4068, or
3. Mail at South Shore Educational Collaborative, 40 Pond Park Road, Hingham, MA 02043