

Today's Date: _____

NEW PARTICIPANT INTAKE

Parent/Guardian Name _____ Phone _____

Address _____
street city

Email _____

Child Name _____ Age _____ Date of Birth _____

Gender _____ Ethnicity _____ School _____ Grade _____

Describe current living arrangement _____

Referral? Yes No
How did you hear about Barnstone? _____

Please tell us in your own words how we can help. _____

What are your 2 most important goals for your child?

1. _____
2. _____

Our program is designed to support development of communication skills, problem solving skills, social skills, creativity and craftsmanship. Children are paired with volunteer mentors. Mentors are trained and receive background clearances, but they are not professional/licensed day care workers or therapists. Your input is important in helping us match your child's needs with our mentor's capabilities. With that in mind, please answer the following questions so that we can better asses our ability in working with your child.

Does your child have an IEP? Yes No

What services are provided? _____

Please indicate any recommended health or behavioral modification to have in place to best accommodate your child.

Other pertinent issues/information (medical, behavior, family):

Barnstone Art for Kids serves children experiencing adversity. Eligibility for the Power of Art Program is determined based on the ACEs (Adverse Childhood Experiences) survey. The ACE scale quantifies adversity in three categories: abuse, neglect and household dysfunction. We recognize that adversity of this kind is frequently passed down generation to generation and acknowledge your courage in requesting help.

Your personal information will be kept confidential and will not be released to anyone outside the organization for any reason.

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Child's Name: _____ Date of birth: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. *At any point since your child was born...*

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. *At any point since your child was born...*

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

Entry Evaluation

Child's Name

Barnstone Art for Kids
Program Site

To measure the success and benefits of the Power of Art and Emerging Voices Programs, Barnstone Art for Kid collects data on each child's behavior prior to and upon completion of his/her participation in our program.

With this in mind, please provide your current assessment for the above indicated child on the skills listed below.

1	2	3	4	5	DK
Very Poor	Poor	Fair	Good	Very Good	Don't Know

- ____ Maintaining eye contact
- ____ Using words instead of physical contact
- ____ Listening and following directions
- ____ Sharing and taking turns
- ____ Demonstrating empathy toward others
- ____ Respecting personal space of self and others
- ____ Identifying problems or issues
- ____ Exploring alternative solutions when problems arise
- ____ Resolving mistakes or conflicts
- ____ Exploring his/her original ideas
- ____ Reflecting on activities upon completion
- ____ Remaining focused throughout activities

Additional comments?

Completed by (Print Name)

Relationship

Signature

Date