



A Multi-Specialty Behavioral Health Practice

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## CRG Gap Year Experience Parent Intake Form

**Parents:** Please answer the following questions based on your assessment of your son's or daughter's skills in the areas listed below.

**Name of student:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Your name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

*Students participating in CRG's Gap Year services will choose one of two tracks:*

**Track A: LOCAL** – These students will live at home or on their own, in central Indiana. They will meet each month at CRG in person. This track is designed for students who want to explore college plans, develop better job skills, enhance social skills, and strengthen life skills for a thriving and independent adulthood.

**Track B: GLOBAL** – These students will receive help finding and then participating in work/travel experiences around the U.S. or abroad. They will be coached via computer during this year of personal growth and development. Coaching will help them defer college enrollment for the year and/or make plans to start college when they return.

### A. LIFE SKILLS

1) Please check the appropriate responses for all items below.

#### Finances

- |  | Yes | No |
|--|-----|----|
| • My son/daughter has bank account(s) in his/her name          | —   | —  |
| • My son/daughter has a debit or a credit card in his/her name | —   | —  |
| • My son/daughter pays his/her own bills                       | —   | —  |
| • My son/daughter has a regular source of income               | —   | —  |
| • My son/daughter has a personal budget                        | —   | —  |

#### Transportation

- |   |   |   |
|---|---|---|
| • My son/daughter has a driver's license  | — | — |
| • My son/daughter is currently working to get a driver's license  | — | — |
| • My son/daughter is nervous about driving  | — | — |
| • My son/daughter knows how to ride the city bus system or use a ride share service (e.g., Uber) on his/her own | — | — |

**Work**

	Yes	No
• My son/daughter has applied for jobs in the past	—	—
• My son/daughter has done volunteer work	—	—
• My son/daughter holds or has held at least one paying job	—	—
• My son/daughter enjoys working	—	—
• Thinking about looking for a job makes my son/daughter anxious	—	—

**Life Skills**

• My son/daughter does his/her own laundry	—	—
• My son/daughter knows how to shop for groceries	—	—
• My son/daughter can cook his/her own meals	—	—
• My son/daughter does chores around the house	—	—
• My son/daughter usually eats healthy meals	—	—
• My son/daughter regularly exercises	—	—
• My son/daughter knows how to manage his/her time well	—	—
• My son/daughter knows how to manage his/her stress well	—	—

**B. SOCIAL SKILLS**

- 2) Please check the best answer to each statement below about your son or daughter's social skills.

My son or daughter:	Yes	No	Sort Of
• finds it very easy to make friends.	—	—	—
• makes friends easily and is comfortable "hanging out" with them in person.	—	—	—
• prefers to spend a lot of time by him/herself.	—	—	—
• spends most of his/her time with friends online.	—	—	—
• finds it easy to talk to other people about their interests.	—	—	—
• finds it easy to understand what other people are feeling or thinking.	—	—	—
• has good social skills when meeting new people.	—	—	—
• (if he/she has a job) prefers to work by him/herself rather than with other people.	—	—	—

**C. PERSONAL ENRICHMENT**

- 3) If you could imagine your son or daughter’s life in 10 years and it turned out to be a good life, what would kind of job would he/she have? Where would he/she be living? Would he/she be married/in a relationship? Please do some dreaming here and write a paragraph that describes what a good life would look like for your son/daughter in 10 years.

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- 4) Does your son/daughter have a disability? Do you suspect they may have an undiagnosed disability? If so, please identify this issues and how they create challenges for your son/daughter.

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- 5) Do you think your son's or daughter's disability has contributed to any of his/her strengths or talents?

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**D. GAP YEAR GOALS**

- 6) Please use the space below to share with us your understanding of what a Gap Year would look like for your son or daughter. Which Track (Local? Global?) would be best? What specific goals or outcomes would you want him/her to achieve during a Gap Year?

\_\_\_ Track A (LOCAL)

\_\_\_ Track B (GLOBAL)

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7) What areas do you feel your son/daughter would most benefit from in order to reach his/her Gap Year goals (academic, work, finances, transportation, social, etc.)?

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8) Please share any additional information you would like: \_\_\_\_\_

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9) Please check each service/agency below that you would like to discuss:

- Parent support group (compare experiences/resources with parents of other Gap Year students)
- New or updated psychoeducational testing (to establish a disability and/or support the need for academic accommodations)
- Career assessment (to explore majors/jobs related to your son's or daughter's strengths and interests)
- Referral for Vocational Rehabilitation services (employment support including job coaching, tuition and/or technology assistance in college)
- Referral for Easter Seals/Crossroads services (drivers' training, autism support, college mentors)

***Please bring this completed form, along with all other Gap Year Intake materials, to your intake meeting with either Dr. Lasek or Dr. Parker.***

***Thank you.***