



BrightSteps Pre-Enrollment Form

Thank you for your interest in BrightSteps!

This form helps us learn more about you or your loved one before beginning the enrollment process. All information is confidential and used only for program planning and communication.

Please fill out the form and email it back to us at jenna@brightstepstn.org.

Participant Information

1. **Full Name:** _____
2. **Preferred Name/Nickname:** _____
3. **Date of Birth:** ____ / ____ / ____
4. **Age:** _____
5. **Gender:** Male Female Non-binary Prefer not to say
6. **Primary Language:** _____
7. **Primary Diagnosis (if applicable):** _____
8. **Are there any secondary diagnoses or health concerns?**

Contact & Family Information

1. **Parent/Guardian Name (if applicable):** _____
2. **Relationship to Participant:** _____
3. **Phone Number:** _____
4. **Email Address:** _____

Program Goals & Interests

1. What are you (or your loved one) hoping to gain from BrightSteps?

2. What are the participant's strengths, talents, or interests?

3. What support services are currently being used (if any)?

- None
- Vocational Rehabilitation
- School IEP/Transition Program
- Other: _____

Scheduling & Availability

When are you hoping to start?

- As soon as possible
- Next month
- Next semester
- Other: _____

Does the participant have any safety concerns?

- None
- Elopement
- Self-Injury
- Aggression
- Other: _____

Additional Notes or Questions

Please share anything else we should know:

Next Steps

Once we receive this form, a BrightSteps staff member will contact you to schedule an informational call and share full enrollment details.

Questions? Email us at jenna@brightstepstn.org or call (925) 963-9684.