



Intake Form

Section I

Child's Full Name: _____.

DOB: _____

Has your child received any formal diagnosis of any kind?

Yes: _____ No: _____

Diagnosis received: _____

Age of diagnosis: _____

Allergies: _____

Special Diet (s): _____

Current School: _____ Grade/Class: _____

Section II

Parents/Guardians' Name: _____

Biological parent: _____ Legal representative: _____

Does your family practice any religion? _____

(The purpose of this question is only to know if we must consider any spiritual variables that may impact treatment)

Home Phone: _____ Cell: _____ Work: _____

E-mail Address: _____

Home Address: _____

Section III

Communication and Behavior:

What is your child's primary method of communication (i.e., sign language, gestures, pictures, verbalizations – if so, how many words and phrases)?

Does your child have any negative behaviors you are concerned about (aggression, tantrums, non-compliance)?



Section IV

Reinforcement:

List some of your child's likes: _____

List some of your child's dislikes: _____

Section V:

Goals: *Fill in only the applicable categories. Be as specific as possible.*

1) Language/Communication Goals: _____

2) Behavior Reduction: _____

3) Self-Help: _____

4) Play/Leisure Skills: _____

5) Social skills: _____

Section VI:

Other: (Use this section to write in any additional information that you want us to know)
