

Intake Form

1) Child's Information:

Child's Full Name: _____

Date of Birth: _____

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: _____

LSA? Yes _____ No _____

2) Parent's Information:

Parents'/Guardians' Names: _____

Home Phone: _____

Cell: _____

Work: _____

E-mail Address(es): _____

Home Address: _____

3) Communication and Behavior:

What is your child's main method of communication (i.e., sign language, gestures, pictures, verbalizations – *if so*, how many word phrases)? Briefly describe how he/she gets his/her needs met.

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

4) Reinforcement:

List some of your child's likes: _____

List some of your child's dislikes: _____



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

a) Language/Communication Goals: _____

b) Behavior Reduction: _____

c) Academic: _____

d) Self-Help: _____

e) Play/Leisure Skills: _____

f) Social Skills: _____

g) Gross Motor: _____

h) Fine Motor: _____

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