Intake Form for Autism Video Project

Autism Video Project - Intake Form	
Child's First Name	
Child's Middle Name	
Child's Last Name	
Child's Date of Birth	
Child's Gender	○ Male○ Female
Autism Diagnosis	Diagnosed with autismAutism suspected, but no formal diagnosisNo known/suspected autism diagnosis
Date of Autism Diagnosis	
	(note the 1st of the month if you are unsure of the exact date)
Has your child received any type of psychiatric diagnosis?	○ Yes ○ No
Does your child have any visual impairment that cannot be corrected?	○ Yes ○ No
Does your child have severe hearing loss?	○ Yes ○ No
Child's Race	 □ White □ Black or African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian/Other Pacific Islander □ Unknown or not Reported (Check all that apply)
Child's Ethnicity	○ Hispanic○ Not Hispanic

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Household Income	○ less than \$24,999 ○ \$25,000 - 34,999 ○ \$35,000 - 49,999 ○ \$50,000 - 74,999 ○ \$75,000 - 99,999 ○ \$100,000 - 149,999 ○ \$150,000 - 199,999 ○ over \$200,000 ○ Do Not Wish to Say	
Parent/Guardian Contact		
First Name		-
Middle Name		-
Last Name		
Cell Phone		-
Home Phone		-
E-mail address		
Street Address		-
City		
State		
Zip Code		
Relationship to Child	 Mother Father Guardian	



This information is required for compensation. If you wish to decline payment, you can leave		
these fields blank.		
Social Security Number		
		
I am currently employed by Washington University	Yes No No	
I have received a payment from WU in the last 4 months	○ Yes ○ No	
I am currently a WU student	○ Yes ○ No	
I am currently a non-academic employee of WU?	YesNo	
I am currently an academic employee of WU	○ Yes ○ No	



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