Intake Assessment Form

Section I: Day of Evaluation:

Date: _____ Setting: _____

People present: (i.e., client, caregiver, professionals): _____

Section II: Basic Information

Client's Name:	**Date of Birth:**	**Age:**
Caregiver name(s): Phone #: E-mail address:	**Other(s) living at home:** **Address:**	**Primary language:** **Preferred language for services:**
Diagnoses: Family history of diagnoses:	**Primary Care Physician (PCP) and/or neurologist:**	**School name:** **Grade:** **Classroom type/placement:**
School schedule:	**History of therapy/services received:** *ABA:* *Speech therapy:* *Occupational:* *Physical:* *Other:*	**Medical History:** *Pregnancy/birth/delivery*: *Medical conditions/concerns*: *Previous surgeries*: *Food allergies*: *Medications*:
Cultural/background information (e.g., practices, customs relevant to client's life)	**Referral source:**	**Availability for therapy:**

Section III: Getting to know the client

1. **Preferences** *(e.g., foods, activities, toys)*: _____

_____

_____

2. **Dislikes** *(i.e., specific activities, places, sounds, people):* _____

_____

_____

3. **Client's strengths** (*i.e., what does the client do **well***?): _____

_____

_____

4. **Areas of improvement/areas of concerns**: _____

_____

_____

5. **Behavioral concerns**:

Setting Events/ Antecedents *(i.e., what typically happens when the client starts behaving this way?)*	**Behavior** *(i.e., what does the behavior look like?)*	**Consequences** *(i.e., how do you or others typically respond to the behavior?)*	**Frequency/Duration /Intensity** *(i.e., how frequent or for how long would you say this behavior happens? Does it cause any injury/harm to the client or others?)*	**Other Information/ Comments**

6. **Reasons for seeking ABA therapy**: _____

_____

_____

_____

7. **Relative performance**

Social	**Academic**	**Daily Living Skills**	**Expressive Language**	**Receptive Language**	**Motor & Visual Skills**
Play:	Math:	Dressing:	Requesting:	Identifying items:	Gross motor: (e.g., walking, tip-toeing, running, jumping, riding bicycles & tricycles)
Leisure:	Reading:	Toileting:	Labeling:	Following commands:	Fine motor: (e.g., coloring, pincer grasp, holding a pencil, opening bottles & jars, buttoning)
Interactions with others:	Writing**:**	Grooming:	Conversation:	Showing "understanding" of what he/she is told:	Visual Skills: (e.g., inset puzzles, shape sorters, jigsaw puzzles)
Imitation:	Spelling:	Eating:	Mode of communication (e.g., vocal, sign language, none)	Answering to their name:	

8. Do you wish to attach any additional documentation/report?

☐ Diagnostic Report ☐Individualized Education Plan (IEP) ☐Previous ABA Assessment ☐ ABA Prescription ☐Power of attorney ☐ Discharge documentation

☐Other: _____

Section IV: Getting to know the parent

1. Where do you work? What does your schedule look like? _____

_____

2. What do you know about ABA therapy? What are your expectations? What is most important to you as a parent? _____

_____

_____

3. Which areas do you feel YOU need most help in? (*i.e., parent training goals*)

_____

_____

_____

_____

4. Are you aware of the time commitment on your part? (i.e., parent training sessions)

_____

5. Anything else you'd like me to know? _____

_____

_____

_____

Additional notes from evaluator/assessor: