Intake Form

Background Information

Member Name: _____

Date of Birth: _____

Date of Intake: _____

School Placement: _____
IEP: ☐ Yes ☐ No

Living Situation: _____

Family History (developmental/medical):

_____

Medications:

1. .
2. .
3. .
4. .
5. .
6. .
7. .

Previous ABA Services

☐ Yes ☐ No
Provider: _____

Diagnostic Documentation (Required)

☐ Diagnostic Evaluation on File
☐ Support Letter on File
☐ Not Available (explain):
_____

Current Services:

☐ Speech Therapy
☐ Occupational Therapy (OT)
☐ Physical Therapy (PT)
☐ Mental Health Clinician (e.g., LPC, LCSW, Psychologist)
☐ School-Based Services (e.g., IEP supports)
☐ Other Therapy/Service: _____

Release of Information (ROI) on File:
☐ Yes ☐ No ☐ Not Applicable

Referral Source (check all that apply):
☐ Pediatrician / Physician
☐ School / IEP Team
☐ Self-Referral (Parent/Guardian)
☐ Insurance Provider
☐ Other Provider (specify): _____
☐ Other: _____

Family Strengths & Supports (check all that apply):
☐ Strong caregiver involvement in treatment
☐ Consistent routines in the home
☐ Effective communication within family
☐ Supportive extended family
☐ Access to transportation
☐ Engagement with school team
☐ Access to community resources
☐ Other strengths: _____

Narrative (required):

_____
_____

Cultural variables impacting care (language, beliefs, routines, etc.):

Primary Language: _____

Environmental factors impacting services (housing, schedule, stressors, etc.):

Community Supports & Resources

☐ 2-1-1 Services
☐ DCF involvement
☐ Support groups
☐ Respite services
☐ Financial assistance programs
☐ None identified
☐ Other: _____

Narrative:

Communication & Social Skills

- Uses: ☐ Single words ☐ 2–3-word phrases ☐ Sentences
- AAC Device: ☐ Yes ☐ No
- Requires support with:
  ☐ Expressive communication
  ☐ Receptive communication
  ☐ Social interaction
  ☐ Written communication

Details:

Reinforcers / Preferences (Required)

☐ Edibles
☐ Toys
☐ Screen time
☐ Social praise
☐ Sensory items
☐ Other: _____

Details:

_____

_____

Maladaptive Behaviors (Caregiver Report)

☐ Transitions difficulty
☐ Tantrums
☐ Aggression
☐ Self-injury
☐ Elopement
☐ Property destruction
☐ Other: _____

Description (frequency, triggers, severity):

_____

_____

Adaptive Skill Deficits

☐ Communication
☐ Daily living skills
☐ Social skills
☐ Transitions
☐ Independence

Details:

_____

_____

Risk & Safety Screening (CRITICAL)

High-Risk Behaviors Present:
☐ Yes ☐ No

If yes, check all that apply:
☐ Aggression
☐ Self-injury
☐ Elopement
☐ Property destruction
☐ Other: _____

Environmental Risks:
☐ Unsafe home layout
☐ Lack of supervision
☐ Community safety concerns
☐ None identified

Individualized Crisis / Safety Plan

Proactive Strategies (Prevention):

_____

Reactive Strategies (In-the-moment response):

_____

Emergency Supports:
☐ 2-1-1 ☐ 9-1-1 ☐ Mobile Crisis ☐ Other: _____

Treatment Focus Areas

☐ Communication (verbal/AAC)
☐ Transitions
☐ Behavior reduction
☐ Social skills
☐ Independence

Details:

_____

I confirm that:

☐ I have provided accurate and complete information to the best of my knowledge
☐ I have had the opportunity to share concerns and ask questions during the intake process
☐ I understand that an assessment will be conducted to determine appropriate services

Parent/Caregiver Name: _____
Signature: _____
Date: _____