P: 702.901.5200
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CREATIVE BEHAVIORAL CONNECTIONS
creating connections to last a lifetime

Initial Intake Questionnaire

This questionnaire is to be completed by the client's parent or legal guardian. This form has been designed to provide Creative Behavioral Connections (CBC) the essential information needed before your initial behavioral assessment to ensure time during the assessment is utilized as productively as possible. Please feel free to add any additional information that you believe is pertinent to understanding the client's strengths, limitation, and background or history. CBC will ensure the confidentiality of this information and will only release this document or it's information in accordance with HIPPA guidelines and as mandated by law.

PLEASE PRINT

Name of Person Completing this form: _____

Legal Name of Client: _____

Nickname if any: _____

Client Date of Birth: _____ Age: _____

Home Address:

Street: _____ Apt#: _____ **Gate Code:** _____

City: _____ State: _____ Zip: _____

Other Service Address:

Street: _____ Apt#: _____ **Gate Code:** _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Work Phone Number(s) Mother: _____

Father: _____

Cell Phone Number(s) Mother: _____

Father: _____

School Name: _____

School Telephone Number: _____

Current Teacher(s): _____

Primary Care Physician: _____

Physician Who ASD Gave Diagnosis: _____

Date of ASD Diagnosis: _____

Please list any other diagnoses: _____

_____

Outside therapies (i.e. OT, PT, Speech, etc.):

Type: _____ Location: _____ Amount: _____

Type: _____ Location: _____ Amount: _____

Type: _____ Location: _____ Amount: _____

Type: _____ Location: _____ Amount: _____

Type: _____ Location: _____ Amount: _____

Had your child had ABA services in the past? _____

_____

_____

BEHAVIOR

Physical Stereotypic Behavior:

Does your child flap his/her hands/arms?	☐ Yes	☐ No
Does your child look at his hands/fingers?	☐ Yes	☐ No
Does your child look out of the corner of her/his eyes?	☐ Yes	☐ No
Does your child walk on his/her toes?	☐ Yes	☐ No
Does your child rock (sit and rock back and forth)?	☐ Yes	☐ No
Does your child seem to wander aimlessly?	☐ Yes	☐ No

Verbal Stereotypic Behavior:

Echolalia – repeats what is said/heard – Immediate	☐ Yes	☐ No
Echolalia – Delayed – (will repeat what's been said/heard later)	☐ Yes	☐ No
Self-talk	☐ Yes	☐ No
Humming to self – inappropriate	☐ Yes	☐ No
Screech or yell inappropriately	☐ Yes	☐ No
- For no apparent reason?	☐ Yes	☐ No

Perseveration:

Does he/she get stuck on a topic ☐ Yes ☐ No

Get obsessive about specific people ☐ Yes ☐ No

Get obsessive about specific objects ☐ Yes ☐ No

Transition/Routines:

Fears: Has trouble with sudden change ☐ Yes ☐ No

Has trouble with changes that they are warned about ☐ Yes ☐ No

Does your child fear any specific objects, animals, places or people? ☐ Yes ☐ No

If yes, explain _____

Tantrums/Aggression/Self-Injury:

Does your child have tantrums that you feel need to be address? ☐ Yes ☐ No

Describe behavior: _____

_____

_____

What triggers a tantrum:

When told "no" (you can't have that/can't do that) ☐ Yes ☐ No

When he/she is not getting attention or wants attention ☐ Yes ☐ No

To avoid a non-preferred activity ☐ Yes ☐ No

To escape a non-preferred task/activity ☐ Yes ☐ No

- For no obvious reason ☐ Yes ☐ No

Does your child react aggressively at times? ☐ Yes ☐ No

Describe aggressive behaviors: _____

_____

Is this behavior disruptive enough that you feel it needs to be addressed? ☐ Yes ☐ No

What triggers aggressive behavior:

When told "no" (you can't have that/can't do that) ☐ Yes ☐ No

When he/she is not getting attention or wants attention ☐ Yes ☐ No

To avoid a non-preferred activity ☐ Yes ☐ No

To escape a non-preferred task/activity ☐ Yes ☐ No

- For no obvious reason ☐ Yes ☐ No

Does child engage in Self-injurious behavior (hurt himself or herself)? ☐ Yes ☐ No

Describe self-injurious behavior: _____

_____

What triggers self-injurious behavior:

When told "no" (you can't have that/can't do that) ☐ Yes ☐ No

When he/she is not getting attention or wants attention ☐ Yes ☐ No

To avoid a non-preferred activity ☐ Yes ☐ No

To escape a non-preferred task/activity ☐ Yes ☐ No

- For no obvious reason ☐ Yes ☐ No

SENSORY ISSUES

Does your child have sensitivity to (if yes explain): ☐ Sound ☐ Light ☐ Touch ☐ Texture

Behavior Comments: _____

_____

Sensory Comments: _____

_____

IMITATION OF MOVEMENTS AND SPEECH

Can imitate movements when they are demonstrated (clap hands, touch head when someone else is doing the same and he/she is asked to "do this" or "clap hands") ☐ Yes ☐ No

Can imitate motions that go along with a song ☐ Yes ☐ No

Can imitate a word or words when told to, "say ____" ☐ Yes ☐ No

SPEECH

Do you have concerns regarding dyspraxia or apraxia? ☐ Yes ☐ No

If Yes, explain _____

_____

Does your child repeat what he/she has heard other people or TV characters say? ☐ Yes ☐ No

If Yes, explain _____

_____

Does your child use a communication system such as PECS, sign, augmentative device, etc? ☐ Yes ☐ No

If Yes explain _____

_____

LANGUAGE

Does your child appear to understand language? ☐ **no at all** ☐ **a little** ☐ **this is a strength**

Words in isolation – can identify objects when asked ☐ Yes ☐ No

Can identify actions ("where is the boy who is running" when shown a pictures of kids playing) ☐ Yes ☐ No

Can identify describing words (red vs. blue, big vs. little) ☐ not at all ☐ a little ☐ strength

Can understand simple sentences ("drink your milk.") ☐ Yes ☐ No

Can understand more complex sentences ("go get your red shoes," or "give me the one that is not wet") ☐ Yes ☐ No

Can he/she follow directions? ☐ Yes ☐ No

☐ one step ☐ two step ☐ three step ☐ with delay ("after you finish eating, go get your shoes")

Imitation Comments: _____

_____

Speech Comments: _____

_____

Does your child use the following when speaking?

Nouns (people, places and things)	☐ sometimes	☐ always	☐ never
Verbs (action words)	☐ sometimes	☐ always	☐ never
Adjectives (describing words)	☐ sometimes	☐ always	☐ never
Prepositions (in, out, on etc.)	☐ sometimes	☐ always	☐ never
Pronouns (I, you, she, he)	☐ sometimes	☐ always	☐ never
Simple sentences (3-4 word)	☐ sometimes	☐ always	☐ never
Sentences w/descriptors *Example: "It's a black dog"*	☐ sometimes	☐ always	☐ never

Expressive Communication: Does your child use language?

To request needs/wants	☐ sometimes	☐ always	☐ never
To greet others	☐ sometimes	☐ always	☐ never
To respond to greetings	☐ sometimes	☐ always	☐ never
Answer simple questions *Example: what's your name?*	☐ sometimes	☐ always	☐ never

Language Comments: _____

_____

_____

SOCIAL/PLAY

Does your child seek out social interaction with: ☐ adults ☐ siblings ☐ peers

Does your child play:

Independently ☐ sometimes ☐ always ☐ never

Next to but not with others ☐ sometimes ☐ always ☐ never

With other children ☐ sometimes ☐ always ☐ never

With toys ☐ uses appropriately ☐ does not play with as intended

Game skills – plays games ☐ turn taking independently ☐ needs assistance ☐ independently

Verbal skills ☐ talks to peers during play ☐ talks to self ☐ does not talk

Social Comments: _____

_____

_____

FINE MOTOR SKILLS

Is your child: ☐ left handed ☐ right handed ☐ no preference

Does your child hold a pencil properly ☐ Yes ☐ No

Can he/she:

Trace ☐ Yes ☐ No

Copy letters ☐ Yes ☐ No

Copy words ☐ Yes ☐ No

GROSS MOTOR SKILLS

Do you have concerns regarding your child's gross motor skills? ☐ Yes ☐ No

Explain: _____

PARENT/FAMILY PRIORITIES & PREFERENCES

Top three areas/goals you would like to see change for your child in next 6 months:

1. _____

_____

2. _____

_____

3. _____

_____

SUPPORTING BEHAVIORS

Sometimes when teaching our students appropriate replacement behaviors, students may become upset or cry. When this happens, we are very adept at working through these instances with favorable outcomes. We want to understand how you feel about this when it happens. (Please note that all behavior support plans are discussed with parents and strategies for responding are explained and approved. Providers can debrief parents after any "difficult" sessions as well.)

- ☐ I am comfortable with letting my child cry and letting providers handle the situation
- ☐ I am NOT comfortable with letting my child cry and letting providers handle the situation
- ☐ I am unsure at this time