

Religious Preference _____ Congregation _____

Please indicate whether there is a separation, divorce, and/or custody that may be pertinent to your child's education? _____

Medical Information

Primary diagnosis: _____ Secondary Diagnosis: _____

Age at Diagnosis: _____ Organization that Diagnosed: _____

Professional who made diagnosis: _____

Please list any allergies: _____

Please list current special diets: _____

Please list any biological interventions:

Intervention	Date Started	Date Ended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list current medications:

Medication	Dosage	Frequency of Administration
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will Administration During School be Required? If so, when? _____ Date Started _____

Assessment Information

Has an ABLLS-R been completed? _____ yes _____ no If yes, what was the date of completion? _____

Does your child currently have a home program? If yes, please describe the type of program, the frequency of sessions, length of sessions and individuals involved in the sessions.

Assessment Information continued

Please describe your child's current functional communication system (PECS, signs, vocal).

Please describe your child's current cooperation in teaching situations. What reinforcers are used? How many responses are required before reinforcement is delivered? Does teaching occur at a table or in the natural environment?

Please describe your child's current receptive repertoire (i.e. responding to name, following 1 and 2 step directions, selecting items when asked).

Please describe your child's current ability to imitate (i.e. When asked to "Do this", does your child imitate). If yes, please describe what types of motor movements your child will imitate (imitation with objects, gross motor imitation).

Please describe your child's current vocal imitation (i.e. Does your child say a sound, word, or phrase when asked to).

Please describe how your child currently requests (mands). This includes requesting desired items/activities, actions, attention, information, and stopping undesired activities.

Please describe your child's current labeling (tacting) repertoire. (i.e. Will your child label items that are present in the environment, etc when asked questions such as "What is it").

Please describe your child's current ability to talk about things that are not present in the environment (intraverbals). When answering this, think of your child's current level of conversational language.

Please describe your child's current ability to talk about things that are not present in the environment (intraverbals). When answering this, think of your child's current level of conversational language.

Motivators

What items/activities are most motivating to your child? _____

Visual Motivators (i.e. TV/movies, computer, video games, wind up toys, tops/spinners, light up toys, picture/pop up books, marble ramps, balloons, glittery/shiny items, lights, gears, etc)

Motivators continued

Auditory motivators (i.e. music, books with sound, whistles, musical instruments, singing)

Tactile (touch) motivators (i.e. squishy/stress balls, lotion, sand, beans, rice, shaving cream, Playdoh, clay, water play, paper shreds, bendy and stretchy items, bean bags, textured blocks, bubbles, finger painting)

Kinetic (movement) motivators (i.e. trampolines, inflatable bounce toys, exercise balls, rolling, spinning, jumping, sit and spin, moon shoes, crawling, running, bicycling, wagons, rocking, climbing, crashing, swinging, sliding, being thrown in the air)

Please list any items/activities that your child dislikes (i.e. loud noises/toys/voices, swinging, tickles, hugs, etc).

General Behavior Questions

Does your child accept “no” when he/she cannot have a desired item/activity at the time it is desired? If not, please describe your child’s reaction.

General Behavior Questions continued

Are you able to remove reinforcing items/activities at home and/or in public? Please describe.

Does your child wait appropriately? Please describe.

Does your child demonstrate compliance when asked to follow directions? Please describe.

Please list (briefly describe) behaviors that your child currently demonstrates that you would like to see continue or increase.

Please list (briefly describe) behaviors your child currently demonstrates that you would like to see decrease and/or stop.

Eating

Does your child eat a variety of food? _____ yes _____ no

If no, what types of foods does your child eat?

Is this something you would like to address? _____ yes _____ no

If yes, in what way?

Sleeping

Does your child have any difficulty sleeping through the night? If so, please describe.

Goals

Please list short term and long term goals you would like to see your child achieve.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____