



Religious Preference \_\_\_\_\_ Congregation \_\_\_\_\_

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

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**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**

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

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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?

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

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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).

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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.

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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").

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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.

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### **Motivators**

What items/activities are most motivating to your child? \_\_\_\_\_

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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)

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**Motivators continued**

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

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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)

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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)

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

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**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.

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**General Behavior Questions continued**

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

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Does your child wait appropriately? Please describe.

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

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

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

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### Eating

Does your child eat a variety of food? \_\_\_\_\_ yes \_\_\_\_\_ no

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

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Is this something you would like to address? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, in what way?

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### Sleeping

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

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### Goals

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_