



Client General Information Packet

This questionnaire is to be completed by the child's parent or legal guardian so that Infinite Abilities (IALLC) may learn essential information about your child for use in treatment planning. Infinite Abilities will ensure that any information provided by you is kept confidential according to HIPAA guidelines. Please contact the behavior analyst if you have any questions when completing this form. Please use the back of the page if more space is needed.

Demographic/Biopsychosocial Information

1. Legal name of child: _____ Child's DOB: _____
2. Name of Person Completing this form: _____
3. Child's Home Address: _____

 - Address/Location where requested services will take place (Usually the client's home):

4. Telephone Number: _____ (home) _____ (cell)
5. Child's physician's name/location: _____
6. Diagnosing Provider's name/location: _____
7. Describe family composition (including siblings/ages, and others living in the home):

8. Please list any significant legal/social events/stressors occurring in the home (e.g., parent illness, divorce).



General Information

9. Please indicate your goals for therapy.

10. Please indicate your preferred days/times for therapy (weekdays/weekends). Note that behavior therapy is most effective when implemented continuously and frequently.

11. Please indicate items that your child prefers (approaches and/or engages with consistently and independently) in each category below:

Edible (e.g., chips)	Tangible/Items (e.g., balls/toys)	Social (e.g., tickles/high 5s)	Activity (e.g., swim, arts and crafts etc)

Medical History

12. Indicate child's diagnoses, including age at diagnosis.



13. Indicate any medical conditions/serious illnesses (e.g., asthma, recurrent ear infections) experienced by your child.

14. Does your child require a special diet? If yes, please describe.

15. Indicate any medications taken by your child, including dosage, time of administration (e.g., morning), start date, and indication (purpose of medication).

Medication Name	Dosage/Admin Time	Start Date	Indication

16. Check any applicable conditions experienced by your child, and provide descriptive information about the conditions below.

☐ Allergies

☐ Vision

☐ Hearing

☐ Sleep

☐ Feeding

☐ Sensory

☐ Educational

☐ Other

(e.g., processing disorder)

Educational Information

17. Please provide information about your child's current school:

a. School name: _____ Grade: _____

b. Child's teacher(s): _____

c. Type of classroom (e.g., self-contained): _____

d. Address: _____

e. School hours: _____

f. Transportation information (e.g., bus): _____

g. Please indicate if your child currently receives supportive therapies (e.g., Speech and Language, Occupational?). Please indicate arranged times.

18. Has your child received ABA therapy in the past? If yes, please indicate *time period* and *outcomes*.

Functional Behavior Assessment

19. Please list inappropriate behaviors that you would like to decrease (e.g., aggression), along with their definitions (e.g., hitting, kicking, biting) and other characteristics, below. Then, complete **one** *Functional Assessment Screening Tool* questionnaire (*end of this section*) for **each** inappropriate behavior.

Inappropriate Behavior 1: _____

Describe: _____

How frequently does this behavior occur (e.g., 15 times/day)? _____

_____ (# times) per: hour/day/week/month (circle one)

Indicate severity of the behavior (check one):

- ☐ Mild: Disruptive but little risk to property or health
- ☐ Moderate: Property damage or minor injury
- ☐ Severe: Significant threat to health or safety

What typically triggers the behavior? _____

How do caregivers and others typically respond to the behavior? _____

Indicate persons/activities with which behavior is most likely to occur: _____

Indicate persons/activities with which behavior is least likely to occur: _____



Inappropriate Behavior 2: _____

Describe: _____

How frequently does this behavior occur (e.g., 15 times/day)?

_____ (# times) per: hour/day/week/month (circle one)

Indicate severity of the behavior (check one):

- ☐ Mild: Disruptive but little risk to property or health
- ☐ Moderate: Property damage or minor injury
- ☐ Severe: Significant threat to health or safety

What typically triggers the behavior? _____

How do caregivers and others typically respond to the behavior?

Indicate persons/activities with which behavior is most likely to occur:

Indicate persons/activities with which behavior is least likely to occur:

Inappropriate Behavior 3: _____

Describe: _____

How frequently does this behavior occur (e.g., 15 times/day)?

_____ (# times) per: hour/day/week/month (circle one)

Indicate severity of the behavior (check one):

- ☐ Mild: Disruptive but little risk to property or health
- ☐ Moderate: Property damage or minor injury



☐ Severe: Significant threat to health or safety

What typically triggers the behavior? _____

How do caregivers and others typically respond to the behavior?

Indicate persons/activities with which behavior is most likely to occur:

Indicate persons/activities with which behavior is least likely to occur:

Inappropriate Behavior 4: _____

Definition: _____

How frequently does this behavior occur (e.g., 15 times/day)?

_____ (# times) per: hour/day/week/month (circle one)

Indicate severity of the behavior (check one):

- ☐ Mild: Disruptive but little risk to property or health
- ☐ Moderate: Property damage or minor injury
- ☐ Severe: Significant threat to health or safety

What typically triggers the behavior? _____

How do caregivers and others typically respond to the behavior?



Indicate persons/activities with which behavior is most likely to occur:

Indicate persons/activities with which behavior is least likely to occur:

20. Does your child have difficulty with changes, such as when things are moved? If yes, please describe.

21. List any special skills, abilities, or strengths of your child.

22. Does your child make eye contact with others ___always ___sometimes ___never

23. Does your child look or answer when name is called ___always ___sometimes ___never

24. Circle the number to indicate the level of performance that best describes the child's typical level of performance in the following areas (Sundberg & Partington, 1998).

- a. **Cooperation with Adults.** How easy is it to work with the child?
1. Always uncooperative, avoids work, engages in negative behavior
 2. Will do only one brief and easy behavior for a powerful reward
 3. Will do five, requested behaviors in one sitting without negative behavior
 4. Will work for 5 minutes without negative behavior
 5. Works well for 10 minutes at a table without negative behavior



b. **Requesting.** How does the child let his needs and wants be known?

1. Cannot ask for preferred items; or engages in negative behavior
2. Pulls people, points, or stands by preferred items or activities
3. Uses 1-5 words, signs or pictures to ask for preferred items or activities
4. Uses 5-10 words, signs or pictures to ask for preferred items
5. Frequently requests using 10 or more words, signs, or pictures

If you answered 3 or higher above, please describe the type of communication your child uses (e.g., picture exchange, words, or sign language).

c. **Motor Imitation.** Does the child copy the actions of others?

1. Cannot imitate motor movements modeled by others
2. Imitates a few *gross motor* movements (e.g., touches head) modeled by others
3. Imitates several gross motor movements modeled by others when prompted
4. Imitates several *fine motor* movements (e.g., points finger) and gross motor movements, modeled by others
5. Easily imitates any fine or gross movements, modeled by others, often spontaneously

d. **Vocal Play.** Does the child spontaneously say sounds and words?

1. Cannot not make any sounds (mute)
2. Makes a few speech sounds, infrequently
3. Vocalizes many speech sounds with varied intonation
4. Vocalizes many speech sounds frequently with varied intonation, *and says a few words*
5. Vocalizes frequently and says many understandable words

e. **Vocal Imitation.** Does the child imitate sounds or words?

1. Cannot imitate any sounds or words spoken by others
2. Will imitate a few specific sounds or words spoken by others

3. Will imitate or closely approximate several sounds or words spoken by others
 4. Will imitate or closely approximate many different words spoken by others
 5. Will imitate any word, or even simple phrases
- e. **Matching to Sample.** Does the child match different stimuli (e.g., objects, pictures, designs) to identical samples (e.g., matches a cup to a cup)?
1. Cannot match any objects or pictures to identical samples (*e.g., cannot match two identical 3d cups or two identical pictures of cups*)
 2. Can match 1 or 2 objects or pictures to identical samples (*e.g., can match two identical 3d cups or two identical pictures of cups, even when sample item is presented with another item*)
 3. Can match 5 to 10 objects or pictures to identical samples
 4. Can match 5 to 10 colors, shapes, or designs to identical samples
 5. Can match most items to identical samples, and can match 2 to 4 designs (e.g., color pattern) to identical samples
- f. **Receptive Communication.** Does the child understand any words or follow directions (e.g., “sit down at the table”)?
1. Cannot understand any words
 2. Will follow a few instructions related to daily routines when asked
 3. Will follow a few instructions to do actions or touch items when asked
 4. Can follow *many* instructions, *and* point to at least 25 items when asked
 5. Can follow *most* instructions, and point to at least 100 items, actions, persons, or adjectives when asked
- g. **Receptive Labeling.** Does the child label or verbally identify any items or actions when prompted (e.g., caregiver says, “What is it?” when pointing to a dog, or, “What is she doing?” when pointing to a person swimming)?
1. Cannot identify any items or actions
 2. Identifies only 1 to 5 items or actions
 3. Identifies 6 to 15 items or actions
 4. Identifies 16 to 50 items or actions
 5. Identifies over 100 items or actions and emits short sentences
- h. **Receptive labeling by function, feature, and class information.** Does the child identify items when given information about those items? See examples of function, feature, and class below.
1. Cannot identify items based on information about them
 2. Can identify a few items given synonyms or common functions
 3. Can identify 10 items given 1 of 3 functions or features
 4. Can identify 25 items given 4 functions, features, or classes
 5. Can identify 100 items given 5 functions, features or classes

Examples:

Function: The child points to a pen in a group of items when asked, "Find something you write with"

Feature: The child points to a small block in a group of large blocks when told, "Point to the block that is small"

Class: child puts a toy pig into a group of animals, and a toy car into a group of vehicles when asked to put the item in the correct group

i. Conversation Skills. Can the child fill in missing words or answer questions?

1. Cannot fill in missing words (e.g., says, "go," when an adult says, "ready, set, ____"), or parts of songs (e.g., says "lamb," when an adult says, "Mary had a little ____").
2. Can fill in a few missing words, or provide animal sounds (e.g., says "moo," when an adult says, "A cow says ____".)
3. Can fill in 10 phrases or answer at least 10 simple questions (e.g., says "3" when asked, "How old are you?")
4. Can fill in 20 phrases or can answer 20 questions with variation in answers (e.g., responds "good," "ok," or "tired," when asked, "how are you?")
5. Can answer at least 30 questions with variations in answers

j. Letters and Numbers: Does the child know any letters, numbers, or written words?

1. Cannot identify any letters, numbers, or written words
2. Can identify at least 3 letters or numbers
3. Can identify at least 15 letters or numbers
4. Can read at least 5 words and identify 5 numbers
5. Can read at least 25 words and identify 10 numbers

k. Social Interaction. Does the child initiate and sustain interactions with others?

1. Does not initiate interactions with others
2. Physically approaches others to initiate an interaction
3. Readily asks adults for preferred items or activities
4. Verbally interacts with peers with prompts
5. Regularly initiates and sustains verbal interactions with peers

Please note any other social deficits evidenced by your child.



25. Check box to indicate your child's level of independence with self-care tasks.

Tasks	Independent	Requires some assistance	Requires full assistance
Toileting			
Feeding			
Dressing			
Tooth brushing			
Hair brushing			
Community Safety			
Home Safety			

Please describe skills associated with *some* or *full* assistance:

Caregiver Guidelines

The following guidelines are for caregivers during applied behavior therapy. Caregiver participation in therapy is a must, and required by funding sources.

1. A parent or responsible adult (over 18 years of age) must be in the home when therapy is being provided.
2. Caregivers are expected to participate in therapy sessions. Specifically, caregivers will be trained to implement their child's behavior program, and data on the accuracy of their implementation will be collected.
3. The area being used for therapy must be clean, of comfortable temperature, and well-lit. In some cases, the therapist may ask for distracting stimuli to be removed from the training environment. Caregivers should not smoke in the home when a therapist is present. In addition, pets should be removed from the therapy area to the greatest extent possible.
4. Therapy may be conducted at home, school, or other environments (i.e., community), and will be allocated to those locations in which the child has the most difficulty



5. The materials and reinforcers used for therapy should be reserved for therapy sessions unless otherwise stated by the therapist
6. The child should be dressed and fed prior to the therapist arrival unless these skills are being addressed in the program.
7. Caregivers should contact the therapist 24 hours prior to the appointment if they know they are going to cancel a session. If more than 20% of sessions are canceled in a 3-month period, your child may lose his/her therapy slot.
8. Sickness. Please give the therapist as much notice as possible prior to the scheduled session if you know that your child is sick. Sickness includes, but is not limited to the following:
 - Temperature above 100
 - Communicable Disease
 - Foot/Mouth Disease
 - Vomit
 - Mumps
 - Chicken Pox
 - Measles
 - Diarrhea
 - Pin Worm
 - Strep Throat
 - Lice
 - Rash
 - Pink Eye
9. If the therapist arrives, and the child is not at home, the therapist will wait 15 minutes before leaving. This will be considered a no-show. More than two no-shows within a 2-month period may result in your child losing his therapy slot
10. A therapist cannot change appointment times without agreement with the family.
11. The therapist will give the family as much notice as possible before canceling a session. The therapist will call the family if they are going to be arriving more than 5 min late.
12. Please do not call the therapist before 8 am or after 8 pm.
13. In case of an accident or unusual incident (e.g., Baker Act, runaway), the family should immediately notify the therapist, who will inform their Regional Director of the event.
14. Parents and contractors should be respectful and courteous to each other. Open communication between parents and contractors is essential to the establishment of a successful program for the child.
15. If there are any problems or concerns, please contact the Lead Analyst on the case immediately.

I understand and agree to the caregiver guidelines:

Signature of Caregiver/Guardian

Date

Signature of Infinite Abilities Behavior Analysis Provider

Date