

Date: _____

Positive Solutions Intake Questionnaire



740-237-3041

Referrer

Name/Title: _____

Phone Number: _____

Email: _____

Preferred Contact Method: Phone Email

Are you (or your school district) new to Positive Solutions and Consultation Services?

Yes No

If you are new, a contract, payment method or Purchase Order must be established before services can begin.

I am new I am an existing customer with payment method in place Are

These services are for a: Student Adult *(check one)*

Do you have parent or guardian's consent to contact PS&C? Yes No

Referral Type

FBA Parent Consultation School Services

(check all that apply)

BIP Rights Restriction In-Home Services

Psychological Services IQ Assessment Risk Assessment

Client Information

Individual's Name: _____ Date of Birth: _____

Please indicate if individual has a preferred/nickname: _____

Adult Contact Information

Parent / Guardian Name and Relationship: _____

Parent or Caregiver's Address (if applicable)

Parent or caregiver's phone number and email address (if applicable)

Are there rights restrictions in place? Describe:

Student Contact Information

What is the student's grade level: _____

Is there a specific Room or home Room Number, indicate here: _____

Name of school or address (where services will be provided) if at home, please write "home"

Location's Phone Number: _____

STUDENT TEAM PLAYERS

Name	Email / Phone	Role

Individual's Needs Narrative

What are some of the individual's interests? (e.g. hobbies, academics, etc.)

What are some of the individual's strengths? (e.g. Social, academic, talents)

What are the behaviors of concern?

When and where are the behaviors most likely to occur? (e.g. specific classroom, time of day, school period, etc.)

When are they least likely to occur?

If the individual has a diagnosis or diagnoses, please list.

Does the individual take medication? if so...what, when, and how much, for what?

What is the individual's current schedule throughout the day?

STUDENT'S CLASS SCHEDULE

Teacher							
Class							
Room #							
Email							
Time							

Additional Comments (Optional)

If you are in Scioto County Is this referral to be billed through the SCOESC? Yes No

Does the student have: ETR IEP BIP ISP? (Check those that apply)

Email copies of each to tanya@positivesolutionsconsult.com

Please forward this student's ETR, IEP, BIP, and or ISP (if available). Feel free to attach other supporting documents.

Which of following best describes you:

School District Administrator

Special education coordinator

Student Services Coordinator

Principal

County Board of DD Case Manager or SSA

Educational Service Center Administrator