



# **Absolute ABA UK Ltd – Initial Family Questionnaire (2025 Edition)**

*Supporting families through evidence-based ABA*

## **Section 1. Family & Contact Details**

**Child's Full Name:**

**Date of Birth:**

**Gender / Pronouns:**

**Nationality:**

**Languages Spoken at Home:**

**Diagnosis (include report date & clinician):**

**Current School / Setting:**

**EHCP in place?  Yes  No**

**1:1 / 2:1 support currently in place:**

**Parent/Guardian Names:**

**Relationship to Child:**

**Address:**

**Email(s):**

**Mobile:**

**Preferred Method of Contact:**  Email  WhatsApp  Phone

## **Section 2. Background Information**

**1. Summary of your child's developmental history (e.g., milestones, regressions, first concerns):**

**2. Current supports/professionals involved (e.g., SALT, OT, EP):**

**3. Previous ABA or therapy experience:**

### **Section 3. Communication & Behaviour**

**1. How does your child currently communicate? (speech, PECS, AAC, signs, gestures):**

**2. Main behavioural concerns (e.g., aggression, self-injury, anxiety, non-compliance):**

**3. When do these behaviours occur and how do you respond?**

**4. Any known triggers or environmental factors that affect behaviour?**

### **Section 4. Strengths, Interests & Reinforcement**

**What motivates or interests your child? (toys, foods, people, activities):**

**What tends to frustrate or upset your child?**

**What skills or qualities are you most proud of?**

**Section 5. Priority Support Areas (tick all that apply)**

- Communication & Speech
- Social Skills & Play
- Self-help (toileting, eating, dressing, routines)
- Behaviour & Emotional Regulation
- Comprehension / Understanding
- Academics & School Readiness
- Independence & Daily Living
- Family Support / Parent Training
- Other (please specify):

**Section 6. Parent Views & Expectations**

**1. What are your main goals for your child over the next 6–12 months?**

**2. What do you hope ABA will achieve for your child and family?**

**3. What level of involvement do you expect to have in sessions?**

**4. How much time can you realistically commit weekly to support home practice?**

**5. What are your expectations of your child's tutor or supervisor?**

**6. How do you prefer feedback to be shared? (verbal, written, review meetings)**

## **Section 7. Commitment & Scheduling**

**1. Preferred start date:**

**2. Availability (days/times):**

3. Are you able to commit to regular sessions for at least one academic term (12 weeks)?  Yes  No

4. Are you willing to provide at least 48 hours' notice for cancellations?  Yes  No

5. Sessions are payable in advance – are you comfortable with this arrangement?  Yes  No

**6. Would you like to explore an EHCP-funded or private-funded route?**

7. Please confirm your understanding that ABA progress relies on consistency and active parent participation.  I understand and agree

**Section 8. Additional Notes or Concerns**

**Please use this space to share anything else you feel is important for us to know about your child, family, or goals.**

Parent name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed to [absoluteabaukenquires@gmail.com](mailto:absoluteabaukenquires@gmail.com) or attached to our contact us form via the website