



ABA Program Overview

At Greater Pensacola Behavior Services, INC. (GPBS) our approach is built on the following principles:

- Researched and scientifically proven methodologies
- Accurate data collection to monitor the strength of our programming
- Least Restrictive programming to minimize adverse effects
- Individualized programming to meet each client's needs
- Programming is a positive and rewarding experience

Our programming addresses the major common issues related to autism including:

- Understanding and using language skills (manding, tacting, interverbals)
- Building sets of social skills
- Increasing appropriate play skills
- Relating and communicating with peers
- Increasing independent living skills
- Reduction of inappropriate behaviors that compete with acquisition of positive skills

GPBS follows a delivery model that is allowed by the client's particular insurance. The delivery method that is typically followed by GPBS is direct services performed by Registered Behavior Technicians with direct supervision provided by BCBAs and BCaBAs on a monthly basis. All program and behavior updates are performed by the supervisor. A clinical director checks in with the family and reviews the programming to maintain quality care.

In addition to 1:1 programming, all families are involved in parent/caregiver training programs. It is important the clients reduce maladaptive behaviors across settings, so that skills being addressed have the opportunity to be utilized. It is also important that parents/caregivers are aware of skills being addressed so that these skills will generalize across people and settings.

All of our BCBAs, BCaBAs, and RBTs are certified by the Behavior Analysis Certification Board. All employees must follow the rules, guidelines, and ethics set forth by the board.

Please call (850) 723-6570 if you should have any questions.

Child and Adolescent Intake Questionnaire

Confidential

The following questions will allow us to better understand the needs of your child, as well as providing us important information related to insurance coverage for ABA Services. Please answer all questions to the best of your ability. Please note that completion of this form does not guarantee service availability.

Child Information

Client Name:
Nickname:
Clients DOB: Age:
Home Address:
City: State: Zip:
Home Phone: Work:
Cell: Alternative:

Caregiver Information

Caregiver Name:
Home Address:
City: State: Zip:
Home Phone: Work:
Cell: Alternative:

Insurance Information

Insurance Carrier:
Member Number:
Group Number:
Policy Holder:
Relationship to Policy Holder:
DOB of Policy Holder:

Diagnosis and Concerns

Does your child have an Autism Diagnosis? ☐ Yes ☐ No
Do you have a copy of their ADOS (Diagnostic report)? ☐ Yes ☐ No
Who conducted ADOS (If applicable):
Child's Primary Care Physician:
If your child has any other diagnoses, please list them below:

Are the following concerns with the client (please mark):

Problems with eating	
Problems with sleeping	
Problems concentrating	
Problems making friends	
Problems with anger	
Toileting	
Difficulty trying new things/places	
Difficulty expressing needs/wants	
Problems complying with requests	

How does the client ambulate? (ex: walk, wheelchair, crutches)

How does the client communicate? (ex: pointing, pictures, words, signs)

Approximately how many words does the client say?

How many words per sentence does the client say?

Does the client respond to basic questions about themselves?

Does the client respond to who,what,when,where,why,how questions?

Does client have age appropriate conversational skills?

How is the client’s attention span?

What maladaptive behaviors are being displayed?

Verbal Aggression		Physical Aggression (hitting,kicking)	
Self-Injurious Behavior		Property Destruction	
PICA (Eating inedibles)		Vocal Stimming (repetitive,scripting)	
Self-Stimming (flapping, rocking, etc.)			

Other:

Please list any other concerns or comments you believe are important for analyst to know:

What schedule works best for your family? Please note preferred days/conflicting appointments if possible.

<input type="checkbox"/> Full days 8-4	
<input type="checkbox"/> Mornings 8-12	
<input type="checkbox"/> Afternoons 1-5	

Please note that there is limited availability for half day sessions. For children that still nap, sessions may end at 5:00 Mon-Thurs, however services still end at 4 on Fridays.