

ABA Next Steps Intake Form



ABA Next Steps admits students of any race, color, national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to student interns at this program. It does not discriminate on the basis of race, color, national origin and ethnic origin in administration of its educational policies, admission policies, scholarship programs, and other program-administered programs.

Prospective Student Intern:

First Name _____ Last Name _____

Date of Birth _____

Mailing Address _____

City _____ State _____ Zipcode _____

Email _____ Phone _____

Parent/Caregiver:

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zipcode _____

Email _____ Phone _____

Relationship to student intern _____

With whom does the student intern reside? _____

Do you have legal custody of the student intern? Y N

Does anyone else have legal rights regarding the education or treatment of the student intern? Y N

Medical History:

Allergies _____

Diagnoses _____

Current Medications _____

Ongoing Medical Conditions or Concerns _____

Does the student intern require any special accommodations? _____

Educational History

Is the student intern currently enrolled in school? Y N

If so, which school? _____ Grade _____

Has the student intern ever received ABA Therapy? Y N

If so, what were the approximate dates? _____

If currently receiving ABA Therapy, please list current provider:

Additional Information:

Does the prospective student intern currently engage in any of the following behaviors?

**Please note- Behaviors do not exclude a student intern from this program.*

Aggression Towards Others Y N

Property Destruction/Disruption Y N

Self Injurious Behavior Y N

Tantrum Y N

Elopement Y N

Non-Compliance Y N

Self-Stimming Y N

Please add anything else you think we should know:
