DESTINation Little Learners ABA Services

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EARLY INTERVENTION INTAKE QUESTIONNAIRE

PLEASE PRINT

Thank you for your interest in Destination Little Learners ABA Services! We offer behavior therapy to early learners (ages 2-6) with an emphasis on developing communication, social, and adaptive skills while reducing unwanted maladaptive behavior(s).

This ABA Intake Questionnaire is designed to gather essential information about the individual receiving services. This provides a comprehensive foundation for developing an effective behavior intervention plan for your child.

Each section of the questionnaire addresses key areas, including medical history, behavioral concerns, communication skills, social interactions, and family context.

Please complete each section as thoroughly as possible. The information you provide will help inform the assessment process and tailor the intervention strategies to meet the individual's unique needs. Feel free to include additional comments or insights that may be relevant to understanding your child's behavior and environment.

Child's Full Name: Date of Birth:

Parent/Guardian Name(s):

Preferred Method of Contact: ☐ CALL ☐ TEXT ☐ EMAIL

Home Phone: Cell: Work:

Home Phone: Cell: Work:

May we leave voice and/or text messages at above listed cell phone number(s)? **YES** **NO**

Primary Language(es) spoken in the home:

E-mail Address(es):

May we contact you at this email? ☐ **YES** ☐ **NO**

Home Address:

Name(s) and phone number(s) of emergency contact person(s):

Referral Information:

Name of referring physician (typically your child's pediatrician or diagnostician):

Address of referring physician:

Phone number: Fax number:

Diagnostic Testing Performed:

Diagnosis(es):

What specific concerns prompted this referral?

Have you had prior experience with ABA services? If yes, please describe (when, where, how long, etc):

Family and Environmental Context:

Circle one: Married – Single—Divorced—Separated—Other

☐ ☐ ☐ ☐ ☐

If divorced/separated, please explain custody arrangement (this guides scheduling of intake and parent trainings):

Does either parent's job requires one or both parents/caregivers to be away from home long hours or extended periods (ex., deployment)?

If YES, how often?

List others living in the home (siblings, grandparents, caregiver, etc.) and the relationship to the child:

Are there any relevant cultural or contextual factors that may impact the client's behavior? (Ex., cultural practices, family traditions) YES NO

If yes, please explain:

Does your child attend school? Circle one: ☐ YES ☐ NO ☐ HOMESCHOOL ☐ TUTORING

Discuss your child's daily routine:

Are there any stressors in the home environment? (Ex., financial, changes in family structure):

Medical and Therapeutic History:

Does the child have any medical diagnoses? (Please specify and provide documentation if available—Diagnostic Test results for autism, ADHD)

List prescribed medications (include dosage, frequency, and noticeable side effects) or over the counter medications given frequently (ex. Melatonin, Benadryl)

Has the client undergone any medical procedures or surgeries? If so, please provide details.

List known allergies (food or otherwise):

Discuss your child's diet:

Are there any other professionals involved in the client's care? (Ex., therapists, doctors)

*DLL promotes coordination of care with other qualified professionals such as speech language pathologists, occupational therapists, physical therapists, feeding therapists, developmental therapists, etc. Coordination of care is a vital part of giving your child holistic, interdisciplinary support.

Are there any known developmental delays or concerns? If yes, please elaborate.

Was there any prenatal or perinatal history of concern (ex., complications during pregnancy or during birth)?

List any operation, serious illnesses, injuries (especially head), hospitalizations, allergies, ear infections, or other special conditions your child has had.

Behavioral Concerns (check any current or previous behaviors)

What specific behaviors are causing concern?

☐ Aggression (ex., hitting, biting)

☐ Self-injury (ex., head-banging, scratching)

☐ Property destruction (ex., breaking objects)

☐ Tantrums (ex., screaming, crying, falling to the ground)

☐ Non-compliance (ex., refusal to follow instructions)

☐ Elopement (ex., running away, leaving a designated area)

☐ Stereotypical behaviors (ex., hand-flapping, rocking)

☐ Other (please describe):

How often do these behaviors occur?

☐ Frequency: [ ] times per day/week/month

☐ Duration: [ ] minutes/seconds

☐ Intensity: ☐ Mild ☐ Moderate ☐ Severe

☐ Other (please specify):

What are the typical antecedents (triggers) for these behaviors?

☐ Specific situations (ex., transitions, tasks)

☐ Specific interactions (ex., with peers, caregivers, or teachers)

☐ Environmental factors (ex., noise, temperature, crowd)

☐ Lack of preferred activities (ex., denial of access to toys)

☐ Lack of attention or interaction

☐ Other (please describe):

What are the consequences that follow these behaviors?

☐ Positive reinforcement (ex., gaining access to a preferred item or activity)

☐ Negative reinforcement (ex., escaping a demand or task)

☐ Punishment (ex., removal of privileges, time-out)

☐ Other (please describe):

How do you typically respond to these behaviors?

☐ Ignore the behavior

☐ Provide verbal redirection or correction

☐ Offer praise or rewards when the behavior stops

☐ Provide a time-out or removal of privileges

☐ Provide physical guidance or prompts

☐ Other (please describe):

Communication Skills:

How does your child communicate?

☐ Vocal communication (speaking)

☐ Non-vocal communication (ex., pointing, using gestures)

☐ Sign language

☐ Communication devices (ex., picture exchange, speech-generating device)

☐ Other (please describe):

Are there any challenges in communication?

☐ Difficulty expressing needs

☐ Difficulty understanding language

☐ Limited vocabulary or speech development

☐ Speech clarity issues

☐ Difficulty with sentence formation

☐ Difficulty initiating or maintaining conversations

☐ Other (please describe):

Does your child use any communication devices or supports?

☐ Yes (please describe device/support used):

☐ No

☐ My child needs a device/support.

Social Skills:

How does your child interact with peers and adults?

❑ Initiates conversation with peers

❑ Initiates conversation with adults

❑ Shares with others

❑ Takes turns appropriately

❑ Demonstrates empathy (ex., recognizing others' feelings)

❑ Maintains eye contact during conversations

❑ Other (please describe):

Are there any challenges in social interactions?

❑ Difficulty making friends

❑ Difficulty understanding social cues (ex., body language, facial expressions)

❑ Trouble with conversational turn-taking

❑ Struggles with maintaining friendships

❑ Difficulty interpreting sarcasm or humor

❑ Other (please describe):

How does the client respond to social feedback?

❑ Accepts praise appropriately

❑ Reacts to criticism (ex., becomes upset, defensive, or withdrawn)

❑ Responds to corrective feedback (ex., acknowledges or changes behavior)

❑ Shows interest or appreciation for social feedback

❑ Other (please describe):

Daily Living Skills:

What self-care skills can your child perform independently?

❑ Dressing (ex., putting on clothes, buttoning, zipping)

❑ Grooming (ex., brushing teeth, combing hair)

❑ Feeding (ex., eating independently, using utensils)

❑ Toileting (ex., using the toilet, washing hands)

❒ Bathing

❒ Other (please describe):

Are there any challenges with daily living tasks?

❒ Difficulty dressing (ex., trouble with buttons, zippers)

❒ Difficulty grooming (ex., brushing teeth, combing hair)

❒ Difficulty feeding (ex., spills, using utensils)

❒ Difficulty with hygiene or toileting

❒ Difficulty with routine tasks (ex., making the bed, putting away clothes)

❒ Sleeping (ex., falling asleep, staying asleep)

❒ Eating (ex., Food selectivity, texture aversions)

❒ Other (please describe):

How does your child handle changes in routine or unexpected events?

❒ Remains calm and adapts easily

❒ Becomes upset but can be calmed

❒ Exhibits anxiety or resistance to change

❒ Engages in challenging behavior (ex., tantrums, aggression)

Goals and Expectations:

What are your main goals for ABA therapy?

What specific skills or behaviors would you like to see improved? (ex. communication, social skills, self-care)

Skills/behaviors continued:

Are there any areas of focus that are important to you? (E.g., pre-academic skills, family interactions)

What does success look like for you and your child? (E.g., improved behavior, increased independence)

Additional Information:

Is there anything else you think is important for us to know about the client? (Ex. interests, strengths, weaknesses)

List preferred items (ex. Paw patrol, Hot Wheels)/activities (ex. Games)/edibles (ex. Candy, Goldfish crackers):

***DLL will provide edible reinforcement sparingly with the expectation that parents provide edibles. Small sizes are preferred. Examples include mini M&Ms, mini Starburst, Goldfish crackers, mini marshmallows, etc. Do you agree to provide your child's edible reinforcement for his/her sessions ☐ YES ☐ NO**

Comment:

Please share any concerns or questions you have regarding the ABA process?

INFORMED CONSENT FOR APPLIED BEHAVIOR ANALYSIS (ABA)

Please read the entire document carefully and ask a member of DESTINation Little Learners ABA Services any questions for clarification. There will be no modifications to any statement or policy in this document, except when provided in writing and signed by the CEO, Meghan Rivera, BCBA and the party to which the modification applies.

The following document contains information regarding the provision of Applied Behavior Analysis (ABA) services provided by DESTINation Little Learners ABA Services, LLC.

All services provided by DESTINation Little Learners ABA Services (DLL) are delivered by individuals who are licensed or credentialed, or by individuals who are supervised by a licensed or credentialed professional.

Professional Background All service providers at DLL are credentialed as either registered behavior technicians (RBT) or board certified behavior analysts (BCBA) and are credentialed through the Behavior Analytic Certification Board (BACB). RBTs are supervised by BCBAs who closely monitor implementation of therapeutic services, evidence-based interventions, and data collection methods.

All individuals who provide services at DLL are subject to the law and ethics of numerous governing bodies, including the Behavior Analytic Certification Board (BACB).

What ABA Is ABA therapy helps children learn new skills and reduce behaviors that make life harder. We teach communication, social skills, independence, and coping skills using positive, evidence-based methods.

What to Expect Your child may work with a BCBA and trained therapists (RBTs). Sessions may include:

- Play-based learning
- Teaching communication
- Practicing daily-living skills
- Working on behavior goals
- Parent coaching

Benefits Most children learn new skills, gain independence, and show improved behavior over time.

Possible Challenges Learning can be hard. Your child may:

- Feel frustrated
- Show more challenging behavior at first
- Need changes in routines

This is normal and usually temporary.

Your Rights You can:

- Ask questions anytime

- Stop or pause services
- Request changes to the treatment plan
- Access your child's records

Privacy We protect your information. We only share it with:

- You
- Your child's treatment team
- Your insurance
- Agencies when required by law

Your Role ABA works best when families participate. We ask you to attend parent-training sessions and practice skills at home.

Assessment in the early stages of treatment will be aimed at identifying the function of the behavior (hypothesis of why behavior is happening), creating a treatment plan, as well as identifying behavior reduction and skill acquisition goals. Data collection will be utilized throughout this process and used to make programming decisions.

Insurance Funded Services

Insurance companies that are not self-funded are legally required to cover ABA services for an individual who has a diagnosis of autism spectrum disorder (ASD) if the services are determined to be medically necessary. Therefore, most insurance companies require proof of ASD diagnosis, data collection on goals, progress reports, and questionnaires completed by the family. Failure to complete insurance requirements in a timely manner may results in a lapse of ABA services.

Furthermore, **it is the family's responsibility to notify DLL if there are upcoming changes to an insurance policy with as much notice as possible to avoid a lapse in services.** If previously authorized services are delivered outside of the authorization period or billed to an insurance policy that the family no longer has coverage under, **the family will be responsible for privately paying for these services.**

Direct ABA & Program Supervision: Direct ABA services include a trained professional providing 1:1 ABA therapy to you and/or your child. This type of therapy is intensive and often occurs between 10-40 hours a week, depending on the clinical recommendation, which is based on the severity of behaviors and impairments.

Parent Support and Coaching: DLL understands that insurance plans require a parent training component to ABA services. Parent training will include specific and targeted help with the behavioral management of their child and is crucial to the child's maintenance of acquired skills over time. Parent training sessions will occur a minimum of 1x per month with the child's case manager (BCBA). Missed parent training sessions will be rescheduled in accordance with authorization requirements.

Insurance Authorizations:

ABA services are typically authorized in 6-month periods; however, insurance companies may vary in the amount of time that they typically authorize (ex., 1 year authorization). DLL highly recommends agreeing to and scheduling all hours the funding source authorizes; failure to do so may affect your child's progress and makes it difficult to request an increase in hours in the future if an increase is needed. At the end of the authorization period, DLL will make a recommendation to continue services at the current level, reduce hours, or increase hours. Explanation for services will be written up in a progress report and shared with the family and the funding source.

Treatment Concerns

DLL is committed to working with you and your family. Please speak with your clinician and/or the supervisor about any concerns regarding treatment at any time.

Confidentiality

You are entitled to privacy in regard to the pursuit of ABA services for yourself and/or your Child(ren). This means your clinician cannot share information, without your express written permission, that you are working with DLL. There are, however, some exceptions to this.

Limits to confidentiality include the following items:

1. Every employee at DLL is a mandated reporter meaning DLL is required by law to report to the authorities the following circumstances: Suspected past, current, or the possibility of future child abuse/neglect. Suspected past, current, or the possibility of future viewing/dissemination of child pornography. Suspected past, current, or the possibility of future elder/dependent adult abuse/neglect. If the client is a danger to himself/herself or if DLL has knowledge that the client is a danger to someone else. In the event that a report has to be made, DLL will make all efforts to include the client/parent/legal guardian in this process; however, understand that this is not always possible. DLL is committed to working through whatever issues that may arise as a result of a legally mandated report.

2. If you are utilizing your health insurance to pay for services, the insurance company may require DLL to disclose information regarding your treatment in order to determine whether or not they will pay for services, or whether or not they will reimburse you for services.

3. DLL will utilize a collection service for unpaid balances on services rendered after due diligence. All efforts will be made to resolve the issue without resorting to this, but if you are unresponsive to these efforts then DLL will initiate collection services. If this occurs, understand that certain personal information will need to be disclosed to this agency. DLL will only disclose the minimum amount necessary to collect payment.

4. DLL can also ultimately be ordered by a judge to disclose clinical material. We will make efforts beforehand to try and reach a compromise if needed, but ultimately, if ordered by a judge, we must disclose the requested material. In extreme circumstances this can include the entire clinical record.

5. Although DLL is permitted to utilize cell phone and email communication, we need to make you aware that this communication can be intercepted, and therefore we cannot guarantee confidentiality. DLL takes available steps to meet HIPAA compliance standards.

6. At times, it may be beneficial for DLL to collaborate with other individuals you/your child are working with, ex., psychiatrists, physicians, and/or other coordinated service providers. If it appears that coordinated service provider information would inform your child's treatment, DLL, will obtain a signed release from you so that we may collaborate with this/these individual(s).

Treatment Concerns

DLL is committed to working with you and your family. Please speak with your clinician and/or the supervisor about any concerns regarding treatment at any time.

Your signature below denotes that you have read all the information provided above, understand it, are in agreement with it, and consent to proceed with treatment. Your signature also indicates that you have been provided with the opportunity to ask questions. This authorization remains in effect until services are terminated or a new informed consent document is signed. You will receive additional correspondence from DESTINation Little Learners ABA Services prior to the start of approved clinical services regarding additional policies and procedures.

Client Name

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian (Signature)_____

Date

Insurance Information

Primary Insurance: Policy Number:

Secondary Insurance: Policy Number:

you know of any co-pay or cost share amounts?

If Tricare, is the sponsor: ☐ active duty ☐ retired ☐ guard/reserve

Destination Little Learners ABA Services will verify insurance information and discuss in-network, out-of-network/self-pay options prior to initial intake assessment.

Guarantor's Signature: **Date:**

Guarantor's Printed Name:

Non-Coverage of Services Statement

I understand that according to the benefits quoted by my insurance company to DESTINation Little Learners ABA Services, LLC may NOT be a payable service due to diagnosis conflicts, refusal of referral, refusal of authorization, etc. If I still choose to seek treatment through DESTINation Little Learners ABA Services, LLC, I understand that I will be FULLY liable for the financial obligations of services rendered if my insurance company denies the charges.

Guarantor's Signature: _____ **Date:**

Guarantor's Printed Name:

SUBMIT A COPY OF YOUR CHILD'S INSURANCE CARD WITH THIS INTAKE FORM FOR VERIFICATION (FRONT AND BACK OF CARD)