



Welcome to the team!

At Innovative Behavioral & Consulting services our mission is to support the overall quality of life for the learners and families we serve by building relationships and teaching skills using an authentic, dignified, and compassionate approach.

We support learners and their families by providing meaningful, effective, researched-based interventions to make a lasting impact. All interventions are created and implemented by a Board Certified Behavior Analyst. Maintaining safety, dignity and relationships are our core values when determining which interventions will take place.

Our services include:

- Relationship building
- Foster care support
- Communication skill building
- Social skill building
- Targeted behavior intervention
- Early intervention

In order to determine if ABA services would benefit you and your family, please complete the information below with your best knowledge. One of our clinicians will review your information and contact you to set up a consultation. If you have any questions, email [info@innovative-BCS.com](mailto:info@innovative-BCS.com). We look forward to working with you and your family!

Sincerely,

Innovative Behavioral & Consulting Services Team

Phone: (850) 328-2474

Email: [info@innovative-BCS.com](mailto:info@innovative-BCS.com)



The process:

#### Step 1. Complete the Intake Packet

Complete this packet and email it to [Info@innovative-BCS.com](mailto:Info@innovative-BCS.com). Once received, one of our team members will contact you to schedule a meeting with one of our consultants.

#### Step 2. Meet with a Consultant

During this meeting, our team member will review the intake packet with you and address any questions you may have about ABA, in general, and Innovative Behavioral & Consulting Services. This is also a time where the consultant and the caregiver can discuss and determine if ABA is an appropriate service for your child.

Please have payer information (insurance card or scholarship information) available at this meeting so that we may submit an eligibility form to your payer.

#### Step 3. Determine Eligibility

If applicable, one of our team members will contact your insurance company to determine if your child is eligible for services. Once eligibility is determined, payment options will be considered, and a payment plan will be developed.

#### Step 4. Records Review

Once eligibility has been determined, our team will contact you to begin the records review for your child. In order for us to conduct our records review, we will need a copy of the most recent records for your child. These records may include diagnostic reports, school IEP, or any other professional assessment reports.

#### Step 5. Schedule Assessments

After the records review, our team will contact you to schedule assessments. Please note, some assessments will be emailed to you for you to complete prior to in-person assessments taking place. Assessments may need to be conducted over a 2-day period.

#### Step 6. Develop a Plan

BCBA will then develop a plan to address social, communication, and behavioral deficits. Once the plan is completed a meeting will be scheduled to review the plan with caregivers for approval.

#### Step 7. Submit the Plan

Once the plan is approved by caregivers (or other team members involved), the plan will be submitted to your child's payor for approval. Our team will contact you once your payor has approved the plan.

#### Step 8. Start services

As soon as plans are approved, services will be scheduled! Once services are started, reassessments to determine progress are due every 6 months until client is discharged from services. Requirements for reauthorization vary and depend on your funder (i.e., insurance providers, scholarships, or private pay)



Child's name:

Reporting Caregiver:

Relationship to child:

Contact Information:

Date Completed:

Reviewed by:

### **Parental Concerns**

What are your main goals for ABA?

Please describe any concerns you have about your child participating in ABA?

Please describe your concerns regarding your child's social development.

Please describe your concerns regarding your child's communication development.

Please describe any additional concerns you have regarding your child's development.

What behaviors does your child engage in that concern you?

Please note, the table below is [for office use only](#). Please do not complete. Your consultant will complete this information during your interview.

<b>Behavior</b>	<b>Date</b>	<b>Baseline</b>	<b>Severity</b>	<b>Antecedents</b>	<b>Precursor Behavior</b>	<b>Hypothesized Function</b>

### **Psychosocial Information**

#### **Family Information**

Who resides in the home with your child? Please include the relationship with the child (e.g., mother, father, twin sister and younger brother).

Has your child or your family experienced any stressors or environmental changes? Especially within in the last year. (e.g., parental divorce, death of a family member, family relocation, sibling move away, etc.) If yes, please describe.

Does the child have any biological family members with a medical diagnosis? If yes, please describe below. Note, names do not have to be used. For example, you may include “Biological grandmother is diagnosed with Bipolar 2”.



### Diagnostic Information

Who is your child's referring provider? Please include the provider type (i.e., pediatrician, developmental specialist, etc.) and the location of the provider (i.e., where the provider works).

Please describe your child's diagnoses below. Note, 2 examples are provided for reference.

Diagnosis	Level of Severity (If applicable)	Diagnosing Provider	Provider Type	Treatment (If applicable)
ADHD	N/A	Martin Speed	Psychiatrist	Medication Counseling
ASD	2	Martin Speed	Psychiatrist	Medication Counseling

Does your child have any other medical concerns? (Sleep, dietary, etc.) Yes      No

If yes, please describe below.

### Medication Information

Please describe your child's medication(s) below. Describe any medications that were prescribed in the last six months, even if your child does not currently take the medication. Note, 3 examples are provided for reference.

Medication	Dosage	Date Started	Reason for Medication	Prescribing Provider	Changes in the last six months
Abilify	5 mg/am and pm	3/10/19	Aggression/ Mood	Martin Speed, Psychiatrist	None
Risperdal	.25 mg/day	7/12/21	Aggression/ Mood	Martin Speed, Psychiatrist	Discontinued 8/12/21
Clonidine	.05 mg/night	3/10/19	Sleep	Martin Speed, Psychiatrist	Increased from .01 7/12/21


**Allergy Information**

Does your child have any allergies?                      Yes                      No

If yes, please describe below. Note, 2 examples are provided for reference.

<b>Allergen</b>	<b>Symptoms</b>	<b>Treatment of Symptoms</b>
Bee sting	Anaphylactic shock, Swelling	EpiPen, call ambulance
Dial Soap	Skin rash	Cleanse with different soap and water, contact parent

**Dietary Information**

Does your child have any dietary restrictions?                      Yes                      No

If yes, please describe. Note, please also add parental preferences as well (i.e., no sweets past 2 pm, no red dye, etc.)