# Paloma Academy

**HELP US GET TO KNOW YOUR CHILD!**

**In-Home/In-School**

Today's Date: _____

Child's Name: _____ Birthdate: _____

Guardian 1 Name: _____ Phone #: _____

Guardian 2 Name: _____ Phone #: _____

Email Address: _____

## Child's Current Behaviors and Expected Outcomes

**Communication Skills: Primary method of communication**

☐ Picture Communication ☐ Sign Language ☐ ACC

☐ Verbal ☐ Gestures

**Comments:**_____
_____
_____

---

**Barriers to Communication:**

☐ Impaired Articulation ☐ Echoic (repeats)

☐ Prompt Dependent

**Comments:**_____
_____
_____

---

## Social and Play

**Does your child seek out interaction with:**

☐ Parents ☐ Siblings ☐ Other adults

☐ Peers

**Does your child play:**

☐ Independently ☐ Next to other children

☐ Only by him/herself

**What play skills does your child have?**

☐ Plays with toys appropriately

☐ Plays easy card games appropriately ☐ Play board games

☐ Takes turns ☐ Following the rules of the game

☐ Keeps score

**Comments:**_____
_____
_____

---

## Challenging Behavior

**Please check any behaviors that apply:**

☐ Physical aggression ☐ Self-injurious behavior (SIB)

☐ Running from area ☐ Verbal aggression ☐ Yelling, screaming

## Variables that may contribute to aversive behaviors & impede learning

**Check all that apply:**

☐ Auditory Noise ☐ Visual Distractions ☐ Environment

☐ Time ☐ Crowds ☐ Proximity to others

☐ Obsessive- Compulsive Behaviors ☐ Hyperactive Behavior

## Adaptive Living Concerns

**Check all that apply:**

☐ Toileting ☐ Eating ☐ Dressing

☐ Independent Play ☐ Social Play ☐ Group Skills

☐ Fine Motor ☐ Gross Motor ☐ Household Routine

☐ Bathing ☐ Tooth brushing ☐ Hair

☐ Cleaning ☐ Cooking ☐ Leisure Time

## Parent/Family Priorities & Preferences

**Top three areas/goals you would like to see change for your child in the next 6 months:**

**1.**

---

**2.**

---

**3.**

---

Has your child received ABA services before? ☐ Yes ☐ No

Are they currently receiving ABA services? ☐ Yes ☐ No

## Preferred Schedule

**Preferred time of day (check all that apply):**

☐ Morning ☐ Afternoon ☐ Evening

**Preferred days (check all that apply):**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

☐ Friday ☐ Saturday ☐ Sunday

## Insurance Information

**Insurance Provider:** _____

**Primary Subscriber:** _____

**Member ID #:** _____