



Help us get to know your child!

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:**

- 1. Physical aggression
- 2. Self-injurious behavior (SIB)
- 3. Running from area
- 4. Verbal aggression
- 5. Yelling, screaming

**Variables that may contribute to aversive behaviors & impede learning:**  Auditory Noise

Visual Distractions  Environment  Time  Crowds  Proximity to others

Obsessive- Compulsive Behaviors  Hyperactive Behavior

**Adaptive Living Concerns:**  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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_