

KidsConnecting
Stacey Baskind, MA, BCBA

Intake Form

Child's Name: _____ Date of birth: _____

Parent's name: _____ Phone# _____

Email address: _____

Parent's name: _____ Phone# _____

Email address: _____

Address: _____

Tell me about your child (personality, strengths, challenges, likes, dislikes, favourite toys/activities):

What are your priorities? What do you hope to get out of our time together?

What other activities or therapy is your child currently involved in (OT, ABA, IBI, SLP, community programs, day care)?

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Is there any other information you would like to share with me?

Completed by: _____ Date: _____