

**Clinic-Based Early Intensive Behavior Intervention**

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| **Potential Client Interest Form** |
| Child Name: |  | Parent/Caregiver Name: |  |
| Child Age/ DOB: |  | Phone Number: |  |
| City of Residence: |  | Email:  |  |
| Diagnosis: |  | Insurance Company: |   |
| Secondary Diagnosis: |  | Secondary Insurance: |  |
| Current Services: |  | How did you hear about us? |  |
| Language: |   | Notes: |  |
| **Self-Screening Questionnaire**  |
| My child is between the ages of 0-5 years old for EIBI or 6+ for social skills groups | Yes | No |
| My child would benefit from 1:1 instruction if 0-5 years old, and group instruction from 6-8 years old | Yes | No |
| My child has challenges with communication, challenging behaviors, or engaging in play | Yes | No |
| My priority is to improve my child’s developmental delays and/or impeding behaviors | Yes | No |
| I am able to participate in a parent education program | Yes | No |
| I have reliable transportation to take my child to clinic-based treatment appointments (including public systems) | Yes | No |
| My child is available to attend his/her \**recommended* treatments based on the following schedule:* 0-5 y/o: 8am-4pm, 8am-12pm, 12pm-4pm M-F
* 6-8 y/o: 4pm-6pm M-F (specific for social skills groups)

*\*The recommended number of hours is based on a prescription determined through a clinical assessment. Ex: just because a child is 4 years old does not mean they will attend clinic 8am-4pm*  | Yes  | No  |
| I am able to commit to ensuring my child is present to receive 90% or more of their prescribed hours. | Yes | No |
| I have reviewed Quality Behavior Solutions’ website and policies | Yes | No |