



INTAKE APPLICATION (POSITIVE BEHAVIOUR SUPPORT)

CHILD INFORMATION	PARENT INFORMATION
<p>Name (First/Last): _____</p> <p>Gender: _____</p> <p>Date of Birth: _____</p> <p>Home Address (including Postal code) _____ _____ _____</p>	<p>Mother's Name (First/Last): _____</p> <p>Father's Name (First/Last): _____</p> <p>Guardians' Name (if not the parents): _____ _____</p>
CHILD'S MEDICAL INFORMATION	CONTACT INFORMATION
<p>Primary Medical Diagnosis _____</p> <p>Secondary Medical Diagnosis (if any): _____</p> <p>Age of Diagnosis _____</p> <p>Diagnosed by whom: _____</p> <p>Current Medication(s): _____ _____</p> <p>Previous Medication(s): _____ _____</p> <p>Allergies (if any): _____</p> <p>Special Diet (if any): _____</p> <p>Other Biological Intervention(s) used (if any): _____ _____</p>	<p>Child's Phone Number(s) (home/cell): _____ _____</p> <p>Child's Email Address: _____</p> <p>Mother's Phone number(s) (home/work/cell): _____ _____</p> <p>Mother's Email Address: _____</p> <p>Father's Phone Number(s) (home/work/cell): _____ _____</p> <p>Father's Email Address: _____</p> <p>Guardians' Phone Number(s) (home/work/cell): _____ _____</p> <p>Guardians' Email Address: _____ _____</p>



Strengths		
What are the strengths of the child (physical/health, academic/learning, social/emotional, etc.)?		
What are the strengths of the child's neighborhood/community (e.g., demographic, activities available, etc.)?		
What are the strengths of the child's family?		
What are the strengths of the child's school?		
Description of Problem Behaviour		
<i>Please describe each behaviour of concern and how often it occurs per day, week, or month.</i>		
<i>Behaviour</i>	<i>Frequency (per day, week, or month)</i>	<i>How long has this been a problem?</i>
Personal Information		
Siblings' names and ages (if any):		
Who lives with the child?		
Are there any cultural preferences you would like us to know about or take into consideration?		



What is the primary language spoken at home? What other languages are spoken at home?				
Does the child have any medical conditions or a history of medical conditions? If yes, please describe.				
Briefly describe the sleep patterns of the child and the extent to which you believe sleep may affect his/her problem behaviour?				
Does the child typically seem bothered in situations that are more crowded and noisy? If yes, please describe.				
Do you have any concerns regarding the child's hearing? Does the child have a history of ear infections? Has the child's hearing been tested? If so, when?				
Do you have any concerns regarding the child's vision? Has the child been tested? If so, when?				
Do you have any concerns regarding the child's teeth? Has the child been to the dentist? If so, when?				
When was the child's last medical check-up?				
Do you have any concerns regarding the child's eating routines and/or diet?				
To what extent are daily activities predictable for the child, with regard to what will be happening, when it will occur, with whom, and for how long?				
Very little predictability 1	2	3	4	Very predictable 5
To what extent does the child have the opportunity during the day to make choices about his/her activities? (e.g., food, clothing, social companions, leisure activities).				
Very little choice 1	2	3	4	Lots of choice 5
Triggers				
Are there times of day when the behaviours are most and least likely to happen? If so, please describe.				
Are there settings/places where the behaviours are most and least likely to occur? If so, please describe.				



Are there people with whom the behaviours are most and least likely to happen with? If so, please describe.

Are there activities that are most and least likely to produce problem behaviour? If so, please describe.

Are there other particular situations or events not listed above that sometimes seem to 'set off' the behaviours (e.g., particular demands, noises, lights, clothing, etc.)?

Communication and Other Skills

What are the general expressive communication strategies used by or available to the child? These might include vocal speech, signs/gestures, communication boards/books, or electronic devices. How consistently are the strategies used?

Does the child follow spoken requests or instructions? If so, approximately how many?

Is the child able to imitate if you provide physical models for various tasks or activities? If so, list a few.

How does the child typically indicate yes or no when asked if he/she wants something, wants to go somewhere, and so on?

Is the child toilet trained (i.e., independently initiates going to the toilet and does the routine independently)?

History of Intervention

What services is the child currently receiving?

What other service has the child received in the past (OT, SLP, Physio)? When?

Has the child ever had a curriculum based assessment (e.g. Early Start Denver, ABLLS-R, AFLS, VB MAPP)?

Has the child ever received ABA or PBS support in the past? If so please list a) type of program, b) past or



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current consultant, c) dates started and completed and overall impressions of the program.

What other formal or informal resources have you used to improve the situation (e.g., respite care, help with child-care and household chores from other family members, participation in parent support group, etc.)?

Educational Information

What school does the child currently attend? (Name of school, Address, Phone Number)

What grade is the child in? Does the child have an IEP (Individualized Education Plan) at school?

What is the child's academic ability (at grade level, adapted, modified)? What are areas of concern?

Does the child receive support at school? If so how many hours per week is he/she support by an E.A.?

How many days per week does the child attend school? Full or partial day? If partial how many hours?

Social and Emotional Information

What opportunities does the child have to interact with peers? Does the child have friends? If so, what is the quality of these interactions?

How does the child adapt to new environments? Can the child go to public places?

Other

Please list up to three main goals for the child over the next year:

List documentation attached: Please provide a Diagnostic Report, school IEP, and behaviour plans if available.