



**INTAKE QUESTIONNAIRE**

**Instructions:** To better acquaint us with your child, please print, complete this form, scan and return to [info@beyond-autism.com](mailto:info@beyond-autism.com). Please attach your child's current IEP, MET, BIP and/or other pertinent documents.

Which campus are you interested in attending:  Scottsdale  Central Phoenix

**Student's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Lives with:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Please share a cool attribute or talent that you'd like us to know about your child:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical/health**

**Diagnosis(es):** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Dietary restrictions:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Toileting habits: (please circle)**    Independent    Some assist    Total assist

**Please explain:** \_\_\_\_\_

**Does your child: place inedible objects in his/her mouth?**    Y    N    **Choking hazard?**    Y    N

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Educational**

**Current school:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Please circle one:**    Public    Charter    Private    Home school

**What additional services is your child receiving:**    ST    PT    OT    Music    In home services

**Other:** \_\_\_\_\_

**In order of priority, please rate your goals for your child: (1= greatest, through 5=least)**

**Social** \_\_\_\_ **Life Skills** \_\_\_\_ **Community Involvement** \_\_\_\_ **Academic** \_\_\_\_ **Behavioral management** \_\_\_\_

**Social/Communication**

What form (s) of communication does your child use? (circle all that apply)

Vocal      PECS      Augmentative communication      Signs      Pointing/pulling you to item

Does your child request desired items or activities spontaneously?    Yes    No

Does your child react appropriately when asked to hold their hand/arm for safety purposes?    Yes    No

Is your child able to follow directions when asked to complete small tasks around the house (i.e. shut the door, come here, wash your hands)?    Yes    No

**Behavioral**

Does your child have a current Behavior Intervention Plan?    Yes    No

Does your child currently require a 1:1 aide to assist during the school day?    Yes    No

Does your child exhibit different behaviors at school than you see in the home?    Yes    No    If yes, please explain:

\_\_\_\_\_

Does your child exhibit unwanted/negative behaviors with any of the following:

	Y / N	Behavior(s) observed
noisy environments		
changes to schedule		
waiting , sharing, turn taking		
being told "no" or "not now" or "later"		
limit access to preferred item(s)		
transitions		
trips to stores, barber, dentist, etc		
other:		

Does your child exhibit any self-injurious (towards themselves) or aggressive (towards others) behaviors?    Yes    No    If yes, please describe: type, frequency, and triggers of those behaviors:

\_\_\_\_\_

In what circumstances do these behaviors occur the least? (i.e, at Grandma's house, at home, on weekends)

\_\_\_\_\_

In what circumstances do these behaviors occur the most? (i.e. when iPad is taken away, when forced to complete a task, at bedtime)

\_\_\_\_\_

If your child engages in difficult/negative behaviors or meltdowns at home, what adjustments do you make to stop them?

\_\_\_\_\_

**Life/functional skills**

Please list your child's favorite activities, toys, and/or games that are highly reinforcing and they enjoy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe strengths AND areas of need in daily living skills to include: chores, hygiene, making meals, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sensory**

Does your child seek: swinging jumping rocking deep pressure/weighted blankets chewies

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any aversions to odors, textures, sounds, eye contact, taste? Yes No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What soothing techniques, appropriate or otherwise, does your child utilize to calm himself/herself?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family**

Are you, the family, willing to work collaboratively with our team and actively participate in your child's education? Yes No

*Beyond Autism* is a non-profit organization that requires participation from our families to ensure we can continue to provide a comprehensive program for all of our students. Are you able and willing to assist with our annual fundraiser in some capacity? Yes No

\_\_\_\_\_  
*Name of person completing the form* *Relationship* *Date*

\_\_\_\_\_  
*Contact Phone Number* *Email address*