## *INTAKE QUESTIONNAIRE*

*Instructions:* To better acquaint us with your child, please print, complete this form, scan and return to 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***