OUTREACH

INTAKE PACKET

Dear Parent/Guardian:

Thank you for considering ABA services through the Brent Woodall Foundation for Exceptional Children's Outreach in the Outback Program. In order for your application to be processed, please provide ALL of the following information in our intake packet:

☐ 1. Client Information Form

☐ 2. Strengths and Concerns List

☐ 3. Child and Family Information

☐ 4. Family History

☐ 5. Therapy / School Information

☐ 6. Parent Questionnaire

☐ 7. Scanned Assessments/Evaluations

All information included will only be used for assessment and evaluation purposes.
It will not affect your child's eligibility to enter our program.

Please fill this packet out in full and include scanned copies of recent evaluations, IEP plans or anything else you believe might be relevant to providing the clearest picture of your child.

Upon receipt of this complete intake packet a Woodallkids Outreach Consultant will contact you concerning recommendations for your child.

1. CLIENT INFORMATION FORM

CHILD INFORMATION

Last Name:_____ First Name:_____ Middle:_____

Date of Birth: _____ Age:_____ Gender: _____

Address:_____

City/District:_____

State/ Province/ Territory: _____

Zip/ Postal Code: _____

Country/Region:_____

Phone Number : _____

Race/Ethnicity:_____ Language spoken by household members:_____

Language spoken by child: _____

REFERRAL DOCTOR INFORMATION

Child Referred by: _____ Phone #: _____

Doctor's Address:_____

City/District: _____

State/ Province/ Territory: _____

Zip/ Postal Code: _____

Country/Region: _____

Phone Number: _____

Reason for Referral: _____

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PARENT/GUARDIAN INFORMATION

Child Resides With: ☐Both Parents ☐Mother ☐ Father ☐ Guardian

If guardian: Is this the legal guardian? ☐Yes ☐ No Relationship to child: _____

Primary Caretaker: _____

Parent/Guardian Full Name: _____

Cell #:_____Work #: _____

Home # (if different):_____ E-mail: _____

Parent/Guardian Full Name: _____

Cell #:_____Work #: _____

Home # (if different):_____ E-mail: _____

HOUSEHOLD MEMBERS

Name: _____ Age:_____ Relationship:_____

Name: _____ Age:_____ Relationship:_____

Name: _____ Age:_____ Relationship:_____

Name: _____ Age:_____ Relationship:_____

2. CHILD'S STRENGTHS AND AREAS OF CONCERN

Please list or explain areas of strengths:

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

Please list or explain areas of concern:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. CHILD AND FAMILY INFORMATION

Does your child have a diagnosis? *Not Required* ☐No ☐Yes: _____

Medical Diagnosis: _____

Date of Diagnosis: _____

Please check any of the following behaviors that your child displays:

☐ Self-stimulatory behaviors ☐Aggressive behaviors ☐Self-injurious behaviors

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(repetitive movements and/or sounds) (toward others or objects)

☐ Anxiety ☐ Echolalia ☐ Hyperactivity

(control/transition/coping difficulties) (vocal repetition of other)

☐Other:_____

Please explain all checked items:

_____

_____

4. FAMILY HISTORY

Biological Mother

Education: ☐ Did Not Graduate ☐ High School ☐ Some College

☐ 2 year university ☐ 4 year university ☐ Advanced

Mother's Occupation: _____

Biological Father

Education: ☐ Did Not Graduate ☐ High School ☐ Some College

☐ 2 year university ☐ 4 year university ☐ Advanced

Father's Occupation: _____

Parent's Marital Status/Visitation

Child's Parents Are: ☐Never Married ☐Separated ☐Divorced ☐Married to Each Other

If separated or divorced, how often does the child see the non-custodial parent?

☐Regularly ☐Sometimes ☐Rarely ☐Never

Siblings

Number of siblings in the home: _____

Do any biological siblings have learning, speech, behavior, or other problems? ☐Yes ☐No

If Yes, please describe: _____

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Family History

Please indicate if the mother, father, or anyone on either side of the family has a history of:

☐Mental Retardation ☐Genetic Syndromes ☐Autism/PDD-NOS ☐Asperger Syndrome

☐Schizophrenia ☐Bipolar Disorder ☐Anxiety ☐Seizures

☐Attention Problems ☐Depression ☐Drug Abuse ☐Alcoholism

☐Speech/Language Disorders ☐Learning Disabilities/Dyslexia ☐Neurological Problems

Stressors

☐Parent Separation/Divorce ☐Moves to Different Homes ☐Loss/Death of Friend or Pet

☐Family Financial Difficulties ☐Moves to Different Schools ☐ Loss/Death of Family Member

☐Social Problems or Bullying ☐Multiple Absences/Tardies

Birth History

Was this child adopted? ☐No ☐Yes Age when taken home: _____

Length of pregnancy: _____ weeks Birth weight: _____lbs.

Was there trauma associated with the birth of the child? ☐No ☐Yes

If yes, please explain here:

_____

_____

_____

_____

_____

_____

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5. SCHOOL/THERAPY

SCHOOL/ THERAPY INFORMATION

Schools Attended

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Therapy Services Provided By School

Speech Therapy: ☐Yes ☐No Hours per week: _____

Occupational Therapy: ☐Yes ☐No Hours per week: _____

Physical Therapy: ☐Yes ☐No Hours per week: _____

Other Therapy: _____ Hours per week: _____

Other Therapy: _____ Hours per week: _____

Other Therapy: _____ Hours per week: _____

Therapy Services NOT Provided By School

Speech Therapy: ☐Yes ☐No Hours per week: _____

Occupational Therapy: ☐No ☐Yes Hours per week: _____

Physical Therapy: ☐No ☐Yes Hours per week: _____

Other Therapy: _____Hours per week: _____

Other Therapy: _____Hours per week: _____

Other Therapy: _____Hours per week: _____

Assessments : IQ tests, Basic Skills Assessments, Developmental Checklists

(e.g. WISC, WPPSI, Stanford-Binet, ABLLS, HELP, DAYC)

Assessment: _____ Date: _____

Assessment: _____ Date: _____

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Assessment: _____ Date:_____

6. PARENT QUESTIONAIRE

Please provide the following information to the best of your ability regarding your child's current skills.

There is space provided below each skill for more information if necessary.

- Chose "+" if skill is observed consistently throughout the day either spontaneously or upon request.
- Chose "E" if skill is emerging, meaning child only sometimes does independently, usually needs help, or has done at least 3 times in the past.
- Chose "—" if your child is not yet able to do the skills, if you are unsure, if the skill has not been observed at least 3 times, or has not been observed in the last 3 months.

Does your child consistently…	Yes	Emerging	No
1. look at others when name is called *Comments:* _____	☐ +	☐ E	☐ –
2. responds to sounds by looking *Comments:* _____	☐ +	☐ E	☐ –
3. maintain eye contact for 10 seconds when spoken to *Comments*:_____	☐ +	☐ E	☐ –
4. display definite preferences *Comments*:_____	☐ +	☐ E	☐ –
5. display definite protest toward unwanted item/activity *Comments*:_____	☐ +	☐ E	☐ –
6. communicate wants and needs by standing near desired item/activity *Comments:* _____	☐ +	☐E	☐ –
7. communicate wants and needs by pulling others toward desired item/activity *Comments:*_____	☐ +	☐ E	☐ –
8. communicate wants and needs by pointing to desired item *Comments:* _____	☐ +	☐ E	☐ –
9. request desired item or activity with a word *Comments:*_____	☐ +	☐ E	☐ –
10. request desired item or activity with a phrase *Comments:*_____	☐ +	☐ E	☐ –

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11. communicate “yes” and/or “no” *Comments:*_____	☐ +	☐ E	☐ –
12. use functional phrases such as Help, All Done, Look, Etc. *Comments:*_____	☐ +	☐ E	☐ –
13. touch to identify at least 5 familiar objects *Comments:*_____	☐ +	☐ E	☐ –
14. name at least 5 familiar objects *Comments:*_____	☐ +	☐ E	☐ –
15. touch to identify 10-20 familiar objects *Comments:*_____	☐ +	☐ E	☐ –
16. name 10-20 familiar objects *Comments:*_____	☐ +	☐ E	☐ –
18. touch to identify at least 50 familiar objects *Comments:*_____	☐ +	☐ E	☐ –
19. name at least 50 familiar objects *Comments:*_____	☐ +	☐ E	☐ –
20. vocalize sounds throughout the day *Comments:*_____	☐ +	☐ E	☐ –
21. vocalize in response to familiar song or music *Comments:*_____	☐ +	☐ E	☐ –
*Comments:*_____	☐ +	☐ E	☐ –
23. imitate unknown sounds or words *Comments:*_____	☐ +	☐ E	☐ –
24. imitate unknown gestures or actions *Comments:*_____	☐ +	☐ E	☐ –
24. identify body parts upon request *Comments:*_____	☐ +	☐ E	☐ –
25. identify actions of others *Comments:*_____	☐ +	☐ E	☐ –

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26. give familiar toys or items upon request *Comments:*_____	☐ +	☐ E	☐ –
27. follow one-step instructions such as sit down, high five, etc. *Comments:*_____	☐ +	☐ E	☐ –
28. group at least 5 items by category such as animals, vehicles, etc. *Comments:*_____	☐ +	☐ E	☐ –
29. match related items such as bat and ball, socks and shoes, etc. *Comments:*_____	☐ +	☐ E	☐ –
30. identifies actions of others in person or in pictures *Comments:*_____	☐ +	☐ E	☐ –
31. demonstrate understanding of prepositions *Comments:*_____	☐ +	☐ E	☐ –
32. attend to an object while manipulating it *Comments:*_____	☐ +	☐ E	☐ –
33. imitate simple play with object *Comments:*_____	☐ +	☐ E	☐ –
34. plays with a toys appropriately for longer than 2 minutes *Comments:*_____	☐ +	☐ E	☐ –
35. demonstrates pretend and complex play skills *Comments:*_____	☐ +	☐ E	☐ –
[illegible] *Comments:*_____	☐ +	☐ E	☐ –
37. use blocks to construct *Comments:*_____	☐ +	☐ E	☐ –
38. sequence three to five activities in a play routine *Comments:*_____	☐ +	☐ E	☐ –
39. demonstrate persistence with a difficult task *Comments:*_____	☐ +	☐ E	☐ –
40. respond to touch positively *Comments:*_____	☐ +	☐ E	☐ –
41. respond to greetings from others	☐ +	☐ E	☐ –

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*Comments:*_____			
42. initiate greetings toward others *Comments:*_____	☐ +	☐ E	☐ –
43. change behavior in response to other children *Comments:*_____	☐ +	☐ E	☐ –
44. play interactive games with other children *Comments:*_____	☐ +	☐ E	☐ –
45. bang objects *Comments:*_____	☐ +	☐ E	☐ –
46. mouth objects *Comments:*_____	☐ +	☐ E	☐ –
47. jumps repetitively *Comments:*_____	☐ +	☐ E	☐ –
48. sits in chair independently *Comments:*_____	☐ +	☐ E	☐ –
49. use a spoon and fork independently *Comments:*_____	☐ +	☐ E	☐ –
50. drink from a cup or straw independently *Comments:*_____	☐ +	☐ E	☐ –

51. put on/take off clothing items independently *Comments:*_____	☐ +	☐ E	☐ –
52. use the toilet independently *Comments:*_____	☐ +	☐ E	☐ –
53. walk over small obstacles independently *Comments:*_____	☐ +	☐ E	☐ –

Please be sure that ALL of this information is input into the INTAKE APPLICATIONS dropbox folder at dropbox.com. If you have any questions or concerns please email outreach@woodallkids.org

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