

**INTAKE PACKET**

Dear Parent/Guardian:

Thank you for partaking in the Brent Woodall Foundation for Exceptional Children’s Pilot Program.

In order for your application to be processed, please provide ALL of the following packet information:

1.Client Information Form

2. FamilyHistory

3. Child Information

4. Strengths and Concerns List

5. School/Therapy Information

6. Parent Questionnaire

7. Attached Documents

8. Signed Waiver and Indemnity Agreement

9. Signed Acknowledgment of Policies

Please fill this packet out in full and include scanned copies of recent evaluations, Individualized Education Plans (IEPs), progress reports or anything else you believe might be relevant to providing the clearest picture of your child’s developmental or behavioral concerns. Upon receipt of this completed intake packet a Brent Woodall Foundation (BWF) Consultant will contact you concerning participation.

* + 1. **CLIENT INFORMATION FORM**

**CHILD INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle:\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Race/Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language/s spoken by child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language/s spoken by household members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/ Province/ Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip/ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country/Region:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Child Resides With:Both Parents Mother  Father ****Guardian

*If guardian:*Is this the legal guardian?Yes****No Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PrimaryCaretaker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Parent/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (for texting purposes):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 Parent/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOUSEHOLD MEMBERS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + 1. **FAMILY HISTORY**

**PARENTAL MARITAL STATUS**

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

**BIOLOGICAL MOTHER**

Education ****Did Not Graduate ****High School ****Some College

****2 year university  4 year university ****Advanced

Mother’s Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIOLOGICAL FATHER**

Education ****Did Not Graduate ****High School ****Some College

****2 year university  4 year university ****Advanced

Father’s Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIBLINGS**

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

If Yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FAMILY MEDICAL 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

****Other related disorder

**STRESSORS**

Please indicate if the child has experience with any of the following stressors has a history of:

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 ****Other

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**BIRTH HISTORY**

Birth weight: \_\_\_\_\_\_\_\_\_\_\_\_ Length of pregnancy: \_\_\_\_\_\_\_\_\_wks If adopted, age taken home:\_\_\_\_\_\_\_

Was there trauma associated with the birth of the child? ****No Yes Please explain below:

*(continue on page 18 as needed)*

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* + 1. **CHILD INFORMATION**

**DESCRIPTION**

Does your child have a diagnosis of autism or related disorder? *NOT REQUIRED* No****Yes

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

****Self-stimulatory behaviorsAggressive behaviors Self-injurious behaviors

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

Anxiety  Echolalia  Hyperactivity

(control/transition/coping difficulties) (vocal repetition of other) (more active than peers)

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

Please explain all items checked above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + 1. **CHILD’S STRENGTHS AND AREAS OF CONCERN**

**Please list or describe your child’s areas of strength**:

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

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**Please list or describe your child’s areas of concern:**

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*(continue on page 18 as needed)*

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* + 1. **SCHOOL/THERAPY INFORMATION**

**SCHOOLS ATTENDED**

Homeschool Public School Private School Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THERAPEUTIC SERVICES PROVIDED BY SCHOOL**

Speech Therapy: ****No Yes:**** Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Occupational Therapy: No****Yes: Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Physical Therapy: No****Yes: Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Other Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Other Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Other Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

**PRIVATE THERAPEUTIC SERVICES**

**NOT PROVIDED BY SCHOOL**

Speech Therapy: ****No Yes:**** Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Occupational Therapy: No****Yes: Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Physical Therapy: No****Yes: Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Other Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Other Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

Other Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_ ****1:1 Setting ****Group Setting

* + 1. **PARENT QUESTIONAIRE**

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

If elaboration is needed please use space below question or the “Additional Notes” page at end of packet.

* Choose “+” if skill is observed consistently throughout the day either spontaneously or upon request.
* Choose “E” if skill is emerging, meaning child only sometimes does independently, usually needs help,

or has done at least 3 times in the past.

* Choose “—” 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. | respond to sounds by looking  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 3. | respond to greetings from adults  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 4. | initiate greetings toward adults  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 5. | maintain eye contact for 10 seconds when spoken to by an adult  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 6. | display definite preferences  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 7. | display definite protest toward unwanted item/activity  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 8. | communicate wants/needs by standing near desired item/activity  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 9. | communicate wants/needs by pulling others toward item/activity  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 10. | communicate wants/needs by pointing to desired item/person  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 11. | request desired item/activity with a word  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 12. | request desired item/activity with a phrase  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 13. | communicate “yes” and/or “no” using head nods/shakes  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| **Does your child consistently…** | | **Yes** | **Emerging** | **No** |
| 14. | communicate “yes” and/or “no” using words  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 15. | use functional phrases such as “Help”, “All Done”, “Look”, Etc.  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 16. | repeat previously heard words/phrases out of context  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 17. | answer questions  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 18. | touch to identify at least 5 familiar objects (not people)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 19. | name at least 5 familiar objects (not people)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 20. | touch to identify up to 20 familiar objects (not people)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 21. | expressively name up to 20 familiar objects (not pictures)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 22. | touch to identify at least 50 familiar objects (not people)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 23. | name at least 50 familiar objects (not people)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 24. | point/look at/go to at least five familiar people (live or in photos)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 25. | expressively name at least five familiar people (live or in photos)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 26. | point/look at/go to at least 15 familiar people (live or in photos)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| **Does your child consistently…** | | **Yes** | **Emerging** | **No** |
| 27. | expressively name at least 15 familiar people (live or in photos)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 28. | vocalize sounds throughout the day  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 29. | vocalize in response to familiar song or music  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 30. | imitate sounds/words throughout the day  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 31. | imitate novel sounds or words when heard  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 32. | imitate novel gestures or actions  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 33. | identify body parts upon request  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 34. | identify actions of others in person or in pictures  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 35. | give familiar toys or items upon request  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 36. | group at least five items by category such as animals, food, etc.  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 37. | match related items such as bat and ball, socks and shoes, etc.  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 38. | demonstrate understanding of prepositions (in, on, beside, etc.)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 39. | attend to an object while manipulating it  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| **Does your child consistently…** | | **Yes** | **Emerging** | **No** |
| 40. | push buttons,etc. to activate a toy  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 41. | play with a toy appropriately/as designed for longer than two minutes  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 42. | use blocks to construct  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 43. | imitate simple play with objects such as holding a baby doll, manipulating animals on a farm, eating pretend food, etc.  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 44. | demonstrate pretend and complex play skills  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 45. | sequence three to five activities in a play routine  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 46. | demonstrate persistence with a difficult task  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 47. | play interactive games with other children  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 48. | play near other children (parallel play)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 49. | play in a ritualistic manner (lining up, stacking, spinning, etc.)  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 50. | change behavior in response to other children  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 51. | initiate greetings toward other children  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Does your child consistently…** | | **Yes** | **Emerging** | **No** |
| 52. | respond to greetings from other children  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 53. | respond to touch positively  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 54. | jump repetitively  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 55. | bang objects  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 56. | mouth objects  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 57. | walk over small obstacles independently  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 58. | sit in a chair independently  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 59. | use a spoon and fork independently  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 60. | drink from a cup or straw independently  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 61. | put on/take off clothing items independently  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |
| 62. | use the toilet independently  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ****+ | ****E | **-** |

|  |  |
| --- | --- |
| **How does your child…** | |
| 63. | communicate with you?  *Description:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 64. | communicate with others?  *Description:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 65. | communicate with peers?  *Description:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 66. | express frustration/anger/unhappiness?  *Description:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 67. | express joy/happiness?  *Description:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(continue on page 18 as needed)* |

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| --- | --- |
| **How does your child…** | |
| 68. | express hunger/thirst?  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 69. | express the desire to leave/end an activity?  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 70. | express pain/discomfort?  *Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Please describe other concerns:** | |
| *Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(continue on page 18 as needed)* | |

1. **ATTACHED DOCUMENTS**

**ADDITIONAL ASSESSMENTS/EVALUATIONS**

Assessments and evaluations provide us with an even more complete picture of your child’s learning, strengths

and areas of concern. Please indicate below which assessments/evaluations your child has been given in the

past and if a copy will be available for us to review. (Please do not send originals. These will not be returned).

Assessments might include IQ Tests, Basic Skills Assessments, Developmental Checklists and/or School Goals in

the development of cognitive skills, speech, language, communication, behavior, self-help or daily living skills,

academic skills, social skills, gross and/or fine motor skills (e.g. WISC, WPPSI, Stanford-Binet, ABLLS, HELP, DAYC).

****Attached Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Administered:\_\_\_\_\_\_\_\_\_\_\_\_

****Attached Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Administered:\_\_\_\_\_\_\_\_\_\_\_\_

****Attached Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Administered:\_\_\_\_\_\_\_\_\_\_\_\_

****Attached Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Administered:\_\_\_\_\_\_\_\_\_\_\_\_

****Attached Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Administered:\_\_\_\_\_\_\_\_\_\_\_\_

*(continue on page 18 as needed)*

**Please email this completed packet and attached files / notes to outreach@woodallkids.org.**

**If file is too large to upload please email bethany@woodallkids.org to receive a Dropbox link.**

**1. Client Information Form**

**2. Family History**

**3. Child Information**

**4. Strengths and Concerns List**

**5. School/Therapy Information**

**6. Parent Questionnaire**

**7. Attached Documents**

**8. Signed Waiver and**

**Indemnity Agreement**

**9. Signed Acknowledgment of Policies**

**ADDITIONAL NOTES**

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1. **ACKNOWLEDGEMENT OF POLICIES**

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**POLICIES**

Effective March 2015

**Remote Consultation Policy**

BWF Consultants are highly trained and work under the direct supervision of a Board Certified Behavior Analyst (BCBA) to provide Remote Consultation Services to parents who are running or would like to run an ABA program in their own home, and who may or may not be able to access the BWF’s therapeutic office in Irving, Texas. Remote Consultation Services are available for families in the United States or Internationally and are most often conducted via video conferencing. Sessions are typically scheduled for one hour, depending on the format, though each session may not necessarily require the allotted time frame.

All BWF Remote Consultation consists of teaching parents to implement behavior analytical principles into the day-to-day life of their child in order to help them most successfully teach their child at home. The BWF Pilot Program is a Remote Consultation via video conference which may include, but is not limited to the following formats: 1) Interactive Webinar Training in a small group with other parents 2) Programming Consultation reviewing progress without the child present 3) Personal Parent Training providing immediate feedback and direction while parents practice individualized teaching programs or behavioral techniques with their child as well as an opportunity to review data, receive feedback regarding implementation of therapy and problem solve when a challenge arises.

**Parent Participation Policy**

Pilot Program parents are expected to attend nine scheduled meetings over six months of participation. Parents will be asked to practice and teach a target goal weekly, take data in the recommended format in order to both show progress as well as bring concerns to light, and fill out questionnaires which allow us to better measure the program’s progress over time.

While parents are asked to commit to the full six month program, they may stop participation at any point. The BWF may dismiss parents at any time who are not able to participate as expected.

**Eligibility Policy**

In order to be eligible to participate in the Pilot Program a child must be 0-5 years old and display a developmental delay. While a diagnosis is not required, a diagnosis of autism or a related disorder (PDD, PDD-NOS, Asperger Syndrome, Autistic disorder, etc.) will be eligible. At this time only fluent English speakers are eligible to participate. Eligible clients must have access to reliable internet connection that allows high-definition video conferencing, a computer with a webcam, an active email address and the ability to download necessary video conference software.

Please email [outreach@woodallkids.org](mailto:outreach@woodallkids.org) as soon as possible if your child is currently receiving ABA from another therapist or therapeutic center. In order for your child’s ABA program to be most successful, it is important there are not competing programs in place. This can become confusing and impede your child’s progress.

For this reason, in most cases, the Pilot Program does not allow for a duplication of services, meaning that if your child is currently receiving ABA from another person they may not be eligible to participate in our Pilot Program at this time. However, sometimes, programming modifications can be made to adjust to your child’s circumstances, so please let us know as soon as possible.

If you believe you might not be eligible for the Pilot Program, please contact [outreach@woodallkids.org](mailto:outreach@woodallkids.org). The BWF offers other services via video conference that are complimentary to ABA therapy and would incorporate the principles of ABA while targeting specific areas of development which may be a better fit for your family at this time.

**Registration Policy**

Pilot Program registration is initiated by turning in the completed and signed Intake Packet with necessary documents. Once the Pilot Intake Packet has been reviewed you will receive an email explaining your eligibility and, if invited to participate, the projected program time-line.

Please review your schedule carefully before confirming your ability to participate. If there is a known inflexible scheduling conflict with the suggested time-line it needs to be addressed as soon as possible in order to ensure the most successful program opportunities for you and your child.

**Technology Policy**

The BWF Pilot Program requires each parent have an active \*email address and the ability to participate in a weekly remote consultation from their home via video conference. This includes personal access to a computer with a \*webcam system in place and both a \*Skype account and a Cisco WebEx account in order to participate.

*\*Google.com (along with various other websites) offers FREE email accounts.*

*\*A webcam is a video camera (this may already be pre-installed on your computer or you may need an external camera attachment) that inputs to a computer connected the internet so that live video may be seen by another user with a similar system.*

*\*Skype and CiscoWebEx are both FREE, downloadable software programs that allow users to communicate across an internet connection by combining voice, video, and instant messaging capabilities. A free Skype account may be opened at www.skype.com and a free CiscoWebEx may be accessed at www. webex.com.*

**Communication Policy**

Email is our main point of contact with each family and is required for Pilot Program participation.

You will be receiving all notifications and paperwork through email and are expected to contact

your BWF Consultant through email when necessary. Please be sure your email is set up to accept

emails from the following email addresses: [outreach@woodallkids.org](mailto:outreach@woodallkids.org), [info@woodallkids.org](mailto:info@woodallkids.org), [tracy@woodallkids.org](mailto:tracy@woodallkids.org), [bethany@woodallkids.org](mailto:bethany@woodallkids.org), [irina@woodallkids.org](mailto:irina@woodallkids.org), [carley@woodallkids.org](mailto:carley@woodallkids.org)

**Late Policy**

Each consultation has been scheduled with a strict start and end time. There is no way to make-up for missed time in a session and to accommodate for each client’s scheduling needs; sessions simply cannot run later than planned. The arrival and exit will be recorded by the BWF Consultant each session and taken into consideration when reviewing client participation.

**Absence Policy**

If you have plans which will keep you and your child from participating in a scheduled session (ie. observed holidays, doctor’s appointments, travel plans, etc.) please provide your BWF Consultant with 30 days notice. The BWF Consultant may or may not be able to reschedule the consultation. If you or your child are sick, please contact your BWF Consultant as soon as possible. Your BWF Consultant may or may not be able to reschedule the missed session.

Each absence will be recorded and taken into consideration when reviewing client participation.

**Acknowledgement**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read, understand, and agree to the policies of the Brent Woodall Foundation for Exceptional Children’s Pilot Program (effective 2015).

Parent/Guardian 2 Printed Name

Parent/Guardian 1 Printed Name

Please initial next to each policy indicating that you have read and agree to it. Please understand, failure to agree to all policies will preclude your child from participating in the Pilot Program.

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| **POLICY** | **PARENT 1**  **INITIALS** | **PARENT 2**  **INITIALS** |
| Remote Consultation Policy |  |  |
| Parent Participation Policy |  |  |
| Eligibility Policy |  |  |
| Registration Policy |  |  |
| Technology Policy |  |  |
| Communication Policy |  |  |
| Late Policy |  |  |
| Absence/Sickness Policy |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 2 Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 2 Signature Date**

**9. WAIVER AND INDEMNITY AGREEMENT**

**WAIVER AND INDEMNITY AGREEMENT**

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent 1) and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent 2) acknowledge and agree to receive educational training from representatives of the BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN (“Indemnitee”); a Texas 501©3 corporation with its principal office located at 3021 Gateway Drive, Suite 295, Irving, Texas, 75063 (the “Company”) pursuant to the following terms:

1. I understand that this Agreement does not create an obligation by the Company of its consultants to work with me or my family on an ongoing basis.
2. I understand that selected representatives from Indemnitee will work with me or designated representatives of my family regarding the training of Applied behavior Analysis (“ABA”). I recognize that the designated representatives are trained in ABA work, and are

NOT TRAINED MEDICAL PHYSICIANS. THEY ARE NOT TRAINED OR LICENSED TO PROVIDE A MEDICAL DIAGNOSIS OF ANY KIND OR TYPE.

1. I and my family shall indemnify, defend, and hold harmless Indemnitee, the subsidiaries and

parent corporations of Indemnitee, each director, officer, employee, consultant, and agent

of Indemnitee or any of Its subsidiaries or parent corporations, and each affiliate of

Indemnitee and its subsidiaries and parent corporations, and their respective heirs, legal

representatives, successors, and assigns (collectively, the indemnitee Group”), from and

against any and all claims, actions, causes of action, demands, assessments, losses, damages, liabilities, judgments, settlements, penalties, costs, and expenses (including

reasonable legal fees and expenses), of any nature whatsoever, whether actual or

consequential (collectively, “Damages”), asserted against, resulting to, imposed upon, or

incurred by any member of the Indemnitee Group, directly or indirectly, by reason of or

resulting from receiving educational training for my child or children.

Any suggestions made to seek other services are simply suggestions. If the client chooses to

follow the suggestions, the client assumes full responsibility for all charges and/or damages

resulting from services. The client will hold the clinician, and all associated individuals,

harmless for any and all obligations, damages, and charges resulting from services rendered

by others.

Counseling/therapy is not a “quick fix” or a “cure all.” It may or may not produce desirable results and, for some, may be detrimental. If at any time, you are not satisfied with the progress, approach, or techniques, you are encouraged to address this with the counselor, and you or the counselor may consider if services are still serving your needs at this time. Persistent lack of response to intervention may necessitate termination of treatment and/or referral to another healthcare provider for further treatment.

1. This Indemnity Agreement shall insure to the benefit of and be binding upon the respective heirs, executors, administrators, successors, and assigns of the Indemnitee and the Undersigned.
2. This Agreement contains the entire agreement between the parties. No modification or amendment of this Agreement shall be of any force or effect unless made in writing and executed by the parties.
3. This Agreement, and the rights and obligations hereunder, may be assigned to Indemnitee to any of its affiliates at any time without the contest of the undersigned.
4. I agree that exclusive venue and jurisdiction of any dispute arising hereunder shall be in Dallas County, Texas, and that the terms and provisions of this Agreement shall be governed by and construed in accordance with the laws of the State of Texas without reference to its choice of law rules.
5. Except as expressly set forth herein, all disputes and claims relating to or arising out of this

Agreement, including but not limited to all federal and state laws pertaining to the

Relationship, rights and obligations of the parties hereunder shall be settled totally, finally,

and exclusively by binding arbitration in the City of Dallas, Dallas County, Texas, in

accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the

American Arbitration. Notice of such claim must be served on the other party within sixty (60) days of its inception to be valid. The decision of the Arbitrator(s) shall be final, and the Judgment upon the award rendered by the Arbitrator may be entered in any court having

Jurisdiction thereof. This agreement to arbitrate shall survive the termination of this Agreement for any reason. The parties further agree that they may use alternate dispute Resolution, including mediation, to resolve any differences and disputes between them.

**Signatures from both legal parents/guardians is required.**

**If you have sole legal custody, you must attach documentation.**

**AGREED TO BY**:

**Name (parent1)** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Address** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Date** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Name (parent2)** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Address** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Date** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**ACKNOWLEDGED BY:**

**BRENT WOOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN**

**By**   *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Title**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Date** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*