



Initial Intake Questionnaire

Date: _____

Please enroll my child in the following program(s) – check all that apply:

(Descriptions of the programs can be found on our website: <https://www.uhcl.edu/autism-center/>)

<input type="checkbox"/>	ABA-SkIP	<input type="checkbox"/>	Severe Behavior Clinic
<input type="checkbox"/>	Verbal Behavior Clinic	<input type="checkbox"/>	Intensive Outpatient Behavior Disorders Clinic
<input type="checkbox"/>	Connecting the Dots	<input type="checkbox"/>	Telehealth ABA World Project

Caregivers' Names:		Child's Name:	
Home Address:			
Phone Number:		Child's DOB:	
Email Address:		Child's Diagnoses:	
Would you like information sent via email? <div style="text-align: center;">YES NO</div>			
Child's Height:		Child's Weight:	
Child's Vaccination Status: ___ Fully vaccinated ___ On Track to Full Vaccination ___ Partially vaccinated ___ Unvaccinated			
Name of Child's Current Medication(s)		Dose	Regimen (when given to child)
Siblings:			
School and Teacher's Name:			
Additional Services (speech, OT, etc.):			



Emergency Contact:	How did you find out about us?
--------------------	--------------------------------

Translation Services Requests

Would you like to receive live translation services during appointments?	YES	NO
Would you like to receive documents translated from English to another language?	YES	NO
If you answered YES to either question, which language?		

Verbal Behavior

Language:

What is your child’s primary form of communication?

- | | |
|--|--|
| <input type="checkbox"/> No speech sounds (mute or 1-2 sounds) | <input type="checkbox"/> Primary mode of communication is PECS |
| <input type="checkbox"/> 3 to 5 identifiable speech sounds | <input type="checkbox"/> o Approximate number of PECS _____ |
| <input type="checkbox"/> Babble consisting of 5 + speech sounds | <input type="checkbox"/> Can say at least 10 words |
| <input type="checkbox"/> Primary mode of communication is sign language | <input type="checkbox"/> Echolalia (repetitive sounds; repeating words or phrases) |
| <input type="checkbox"/> o Approximate number of signs _____ | <input type="checkbox"/> Uses words or short phrases to communicate wants and needs or label |
| <input type="checkbox"/> Primary mode of communication is leading gestures or other behaviors (pointing) | <input type="checkbox"/> Communicates wants and needs verbally |

What words/signs/gestures/other does your child use reliably?

--



How does your child communicate to others a want or a need (for attention, food, etc.)?

- | | |
|--|--|
| <input type="checkbox"/> Tap shoulder | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Verbal requests | <input type="checkbox"/> Communication device |
| <input type="checkbox"/> Pictures | <input type="checkbox"/> Leading gestures or other behaviors |

Other:

How does your child communicate a desire to stop an ongoing activity?

Social:

How does your child interact with family and friends?

Does your child greet others when they see them (e.g., says “hi”, waves, etc.) or return greetings?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do

Does your child look or come when you call their name?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do

Does your child look at you when you talk to them?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do



Does your child look at you when making a request?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do

Does your child follow simple instructions (e.g., come here, sit down, or stop)?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do

Play:

Does your child play with a variety of toys?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do

What types of toys/activities does your child enjoy?

Does your child play with toys in the way they are intended to be played with?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do

Does your child play near other children without help from an adult?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do

Does your child engage in the same play as other children and interact with them (e.g., plays musical chairs, Candyland) without help from an adult?

- ☐ Independent
- ☐ With minimal assistance
- ☐ Requires full physical or verbal assistance
- ☐ Does not do



Problem Behavior

** You may skip the rest of this document if you do not need assistance with problem behavior.*

What is the problem behavior for which you would like the most immediate assistance?

How frequently does this behavior occur? _____

Would this behavior occur in the clinic without you present? **YES** **NO**

Does the **child** exhibit any behaviors that suggest or predict that they will probably engage in that problem behavior? If so, what do these behaviors look like?

How has your child's problem behavior impacted your family's life? Are there activities you can't do, services you can't receive, etc. because of problem behavior? Has problem behavior affected your employment status or the education your child receives? Please describe these and any additional barriers problem behavior has caused.



Please describe the most severe episode of that problem behavior.

A) What happened before the behavior (i.e., what set the behavior off)?

B) What did the episode look like? What types of problem behavior did your child exhibit?

C) Was anyone injured or was any property damaged? If so, please describe.

D) How long did the episode last? What stopped the behavior?



Check all problem behaviors that your child exhibits and the situations in which each occurs:

Self-Injurious Behavior (hurting themselves)

	When others' attention is unavailable or when they want a reaction	When you present a task (chores, schoolwork, etc.)	When trying to leave an undesired activity, setting, or person	When preferred things are removed, delayed, or denied access	During transitions	When they're in pain or ill	When there are loud noises	Other (please explain)
Head banging								
Head hitting								
Body hitting								
Self-biting								
Skin picking								
Pulling out hair								
Hitting self with object								

Notes / description:



Please indicate if your child's **self-injurious behavior** has resulted in any of the following:

Injury:	Yes or no?	How often?
Bleeding		
Bruising		
Scarring		
Concussion		
Broken bones		

If you said yes to a concussion or broken bones, please indicate how and when this occurred (and which bones were broken, if applicable):

Please describe the **worst injury** your child has given **themselves**:

Additional details:

Aggression (hurting others)

	When others' attention is unavailable or when they want a reaction	When you present a task (chores, schoolwork, etc.)	When trying to leave an undesired activity, setting, or person	When preferred things are removed, delayed, or denied access	During transitions	When they're in pain or ill	When there are loud noises	Other (please explain)
Hitting								
Kicking								
Biting								
Scratching								
Pinching								
Head butting								
Throw object at others								
Hair pulling								

Notes / description:



Please indicate if your child's **aggression** has resulted in any of the following:

Injury:	Yes or no?	How often?
Bleeding		
Bruising		
Scarring		
Concussion		
Broken bones		

If you said yes to a concussion or broken bones, please indicate how and when this occurred (and which bones were broken, if applicable):

Please describe the **worst injury** your child has given **someone else**:

Additional details:



Disruption/Destruction

	When others' attention is unavailable or when they want a reaction	When you present a task (chores, schoolwork, etc.)	When trying to leave an undesired activity, setting, or person	When preferred things are removed, delayed, or denied access	During transitions	When they're in pain or ill	When there are loud noises	Other (please explain)
Throwing objects								
Overturning furniture								
Breaking items								
Kicking surfaces								
Hitting surfaces								
Slamming doors								

Notes / description:



Dangerous Acts

	When others' attention is unavailable or when they want a reaction	When you present a task (chores, schoolwork, etc.)	When trying to leave an undesired activity, setting, or person	When preferred things are removed, delayed, or denied access	During transitions	When they're in pain or ill	When there are loud noises	Other (please explain)
Eating inedible objects								
Running away								
Climbing								
Setting fires								

Notes / description:



Please indicate if your child has caused any of the following **surface damage**:

Damage:	Yes or no?	How often?
Coloring on walls		
Scratching walls		
Throwing food on walls/furniture		
Ripping wallpaper		

Additional details:



Please indicate if your child has caused any of the following **structural damage**:

Damage:	Yes or no?	How often?
Holes in walls		
Broken windows		
Broken doors		
Broken furniture		

Additional details:



Other Behaviors and Behaviors Not Listed

	When others' attention is unavailable or when they want a reaction	When you present a task (chores, schoolwork, etc.)	When trying to leave an undesired activity, setting, or person	When preferred things are removed, delayed, or denied access	During transitions	When they're in pain or ill	When there are loud noises	Other (please explain)
Screaming								
Spitting								
Flopping to ground								

Notes / description:

Intervention Strategies to Reduce Problem Behavior

NOTE: These are not all recommended treatment strategies. These are common strategies people have reported that they use to manage problem behavior. We wish to gather information about what strategies you may have tried using in the past or are currently using to manage problem behavior. We are not recommending that you attempt to implement any of these strategies or change anything that you're currently doing before receiving services with us. We simply wish to understand what is happening when the behavior occurs or strategies that you have already tried.

Strategy	When did you try it?	Describe what it looks like	Describe how well it worked
Providing comfort when problem behavior occurs (e.g., soothing statements, hugs, back rubs)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Providing reprimands when problem behavior occurs (e.g., telling them to stop)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Giving a timeout when problem behavior occurs	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Giving the child a break from the situation when problem behavior occurs (e.g., allowing them to go to a "calm down room")	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Giving them an item or food when problem behavior occurs (e.g., given them what they want to calm them down)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		

Strategy	When did you try it?	Describe what it looks like	Describe how well it worked
Planned ignoring (not providing attention when the behavior occurs)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
If they want an item and engage in problem behavior, continuing to withhold the item	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
If problem behavior occurs during an undesired activity, continuing to work through the activity (e.g., continuing to make them do homework)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Taking away preferred items, activities, or privileges when problem behavior occurs (e.g., grounding, lose TV)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Adding unwanted activities when problem behavior occurs (e.g., chores, exercise)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Requiring the child to clean up or fix any damage caused by the problem behavior (e.g., clean up any messes they caused)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		

Strategy	When did you try it?	Describe what it looks like	Describe how well it worked
Requiring the child to engage in an appropriate behavior repeatedly following problem behavior (e.g., walking nicely after running off)	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Delivering attention (e.g., praise, conversation) on a time-based schedule	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Delivering preferred items or activities on a time-based schedule	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Providing breaks from undesired activities (e.g., homework, chores) on a time-based schedule	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Providing choices about which activities the child wants to complete	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Using a token economy for engaging in appropriate behavior/not engaging in problem behavior	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
Spanking when problem behavior occurs	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		

Please write in any other intervention strategies that you have used that are not described above:

Strategy	When did you try it?	Describe what it looks like	Describe how well it worked
	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		
	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Inconsistently <input type="checkbox"/> Never		

Checklist of Protective Equipment

Below are examples of protective equipment we commonly use when working with individuals who exhibit severe problem behavior to ensure safety. Please check any that you think would be beneficial for us to use while working with your child.

- ☐ Arm guards (used to block aggression, self-injury, and property destruction)
- ☐ Blocking pad (used to block aggression, self-injury, and property destruction)
- ☐ Shin guards (used to block kicking)
- ☐ Knee pads (used to block aggression)
- ☐ Swim cap (used to protect against hair-pulling)
- ☐ Goggles (used to protect eyes against spitting)
- ☐ Safety helmet (put on your child if they engage in self-injurious behaviors, like head-hitting or head-banging)
- ☐ Knee pads (put on your child to protect them from banging their knees, especially if directed at the head)
- ☐ Ear guards (put on your child if they engage in self-injurious behaviors, like head-hitting directed at the ears)