

Intake Form for ABA Services

Student's Intake Information

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: M _____ F _____

Diagnosis: _____ Provided by: _____

Medications: _____

Allergies: _____

Use an Epi-Pen: Yes _____ (we require 1 pen)

Health Card No. _____

Special diet: _____

Parent/Guardian(s) Information

Father's Name: _____ Father's Cell: _____

Father's email: _____

Address: _____

Mother's Name: _____ Mother's Cell: _____

Mother's email: _____

Address (if different): _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Language(s) spoken in the home:

1. _____ 2. _____

Sibling's Name(s) and DOB(s):

1. _____

2. _____

3. _____

Funding sources (check all that apply)

- Access OAP – Please provide Student’s Access OAP #: _____
- Special Services at Home funding
- Passport funding
- Private
- Other (please specify) _____

Supports and Services (if applicable)

School or other placements:

Speech and Language:

Occupational Therapy:

Student’s Skills, Interest & Abilities

Sleeping Habits:

Eating/feeding:

Communication/Social Interaction:

Self-Help Skills:

Likes (name some games/activities/items your son/daughter enjoys):

Dislikes:

Behavioural Concerns

Aggression/Destruction:

Self-Injurious:

Repetitive or Stereotypic:

Student/Family goals to address in ABA or IBI therapy:

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Information:

Information completed by: _____ Date: _____