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ABA Parent Intake

Date of Service: _____ Name of Patient: _____ DOB: _____

Grade: _____ School: _____ PCP: _____

Completed By: _____ Relationship to Patient: _____

Are you the legal Guardian? Yes No

To help us prioritize the program, which of the following two areas are the top priorities?

Clinical recommendations may differ from evidence-based treatment and what is in the best interest of the patient

Academic Behavior Management Communication Gross & Fine motor

Self-Help Skills Social Skills

Have you had a home program before? Yes No

What type of curriculum and assessment did you use?

Family Life:

Who lives at home?

Siblings: (Names/ ages/ How does your child interact with siblings?)

Current Preferred Items & interests: (e.g., cars, legos, Disney characters, Minecraft or preferred snack foods)

How can a provider, coming into your home, best fit your family's needs?



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Please describe any concerns with engaging in community activities with your child (e.g., difficulty at restaurants, with transportation, taking family vacations, etc.)

Are there any cultural and/or religious considerations you would like your provider to be aware of?

What are some goals you have set for your family?

Communication:

Social Skills: (e.g. What are your primary social and communication concerns?)

Greetings: (e.g. How does your child greet others or respond to greetings?)

Social Play: (e.g. How does your child play with others?)

Friendships: (e.g. Does your child have friends? Are they the same age?)



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Conversations: (e.g. How does your child engage in conversation with others?)

Joint attention: (e.g. share an experience with you, "look at that!" when they see a plane in the sky)

Attending: (e.g. when reading books together, or when learning new tasks)

Community/Home: (e.g. Is your child involved in any sports and/or clubs? How are they involved in the community? Do they do chores at home?)

Has your child ever participated in social skills training in a group or 1:1 setting?

Behavior:

How does your child show they are upset?

How long does it take for your child to calm down when upset?

- 0-5 Mins 6-10 Mins 11-15 Mins 15-20 Mins 20+ Minutes

Are there currently any behavior plans? Yes No

If yes, who developed it? When?

What else would you like us to know?
