Piece of Our Puzzle LLC

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**INTAKE ASSESSMENT FORM**

Date of Intake Completion:

**Contact Info for Person Completing Form** (must be parent or legal guardian)

Mother’s Name: Phone #:

Father’s Name: Phone #:

Address: email:

City: Zip:

How Did you hear about Piece of Our Puzzle?

What can we help you with? Describe what led you to seek services for your child:

☐ Communication Delays ☐ Social Skills Delays ☐ Behavior Problems ☐ Restrictive Behavior

☐ Difficulties Learning ☐ Developmental Delays Other:

**Child’s Information**

Name: Child’s Date of Birth:

Address:

Siblings:

How is the relationship between the siblings if applicable?

**Medical Information**

Diagnosis(es): ☐Autism ☐ADHD/ADD ☐Obsessive Compulsive Disorder ☐Anxiety ☐Seizure Disorder

Other: Date of Diagnosis:

Who gave diagnosis? Title: Where?:

Does your child currently attend a school? ☐ Yes ☐ No

If Yes, indicate school or provider name and frequency of therapies received….

Services Received and how often: Speech- Occupational- Physical-

Feeding- Special Instruction-

Other:

Current Medications:

Allergies:

Special Diet/Restrictions:

**Social Skills Rating Scale**

Rate each item by circling either **U** for Usually, **S** for Sometimes, **R** for Rarely, or **N** for Never

|  |  |
| --- | --- |
| **Interacting Skills** | |
| Looks at person when speaking with them | **U S R N** |
| Makes comments to others | **U S R N** |
| Responds to questions when asked | **U S R N** |
| Asks questions and answers questions | **U S R N** |
| Stays on topic of conversation | **U S R N** |
| Initiates conversations and ends with closure | **U S R N** |

|  |  |
| --- | --- |
| **Coping Skills** | |
| Knows when he/she is being teased | **U S R N** |
| Reports bullying | **U S R N** |
| Responds appropriately to bullying | **U S R N** |
| Copes with change | **U S R N** |
| Continues to try at difficult tasks | **U S R N** |

|  |  |
| --- | --- |
| **Recognizing Emotions of Others** | |
| Recognizes the perspective of others | **U S R N** |
| Recognizes when things are unfair for others | **U S R N** |
| Recognizes unfriendly actions toward others | **U S R N** |
| Recognizes when others are bored | **U S R N** |
| Recognizes when others are annoyed | **U S R N** |

|  |  |
| --- | --- |
| **Dealing with Own Emotions** | |
| Has methods to relax when stressed | **U S R N** |
| Expresses anger appropriately | **U S R N** |
| Copes with criticism | **U S R N** |
| Accepts own mistakes and that of others | **U S R N** |
| Apologizes to others and forgives easily | **U S R N** |

|  |  |
| --- | --- |
| **Classroom Skills** | |
| Raises hand before speaking | **U S R N** |
| Follows teacher directions | **U S R N** |
| Produces acceptable work | **U S R N** |
| Looks at teacher when giving lessons | **U S R N** |
| Follows classroom rules | **U S R N** |

|  |  |
| --- | --- |
| **Making Friends** | |
| Shares with others and gives assistance | **U S R N** |
| Can be assertive when needed | **U S R N** |
| Can compromise with peers | **U S R N** |
| Knows how to say “no” politely | **U S R N** |
| Knows how to join a group | **U S R N** |

Comments:

**Behavior Assessment:**

Can your child sit with you and do simple activities?

List the top 3 most concerning behaviors your child engages in…

#1 How often does this behavior happen?

What are some reasons your child may do this behavior?

How do you respond to this behavior when it happens?

Is this successful? Y N

#2 How often does this behavior happen?

What are some reasons your child may do this behavior?

How do you respond to this behavior when it happens?

Is this successful? Y N

#3 How often does this behavior happen?

What are some reasons your child may do this behavior?

How do you respond to this behavior when it happens?

Is this successful? Y N

List any informational that may be helpful in understanding your child’s individual situation and the goals for this program.