



IMPROVING THE QUALITY OF LIFE,  
KNOWLEDGE, AND UNDERSTANDING OF OUR SPECIAL NEEDS CHILDREN

Piece of Our Puzzle LLC  
81 Big Oak Rd, Suite 110  
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(484) 569-0377  
[erin@pieceofourpuzzle.com](mailto:erin@pieceofourpuzzle.com)  
<http://www.pieceofourpuzzle.com>

### **INTAKE ASSESSMENT FORM**

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

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: (street) \_\_\_\_\_ (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:

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

#### **Child Information**

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: (street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

Siblings: (name, age) \_\_\_\_\_

How is the relationship between sibling if applicable?

\_\_\_\_\_

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**Date of completion:**

**Person completing:**

**Child's name:**

**Child's diagnosis:**

**Child's Date of birth:**

## Medical Information

Date of diagnosis:

Who gave diagnosis:

Does your child currently go to school and/or receive any therapies or special services:

If yes please indicate name of school or provider, frequency of therapy:

Current medication:

Allergies:

Special diet/restrictions:

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Describe eating and drinking patterns. Please indicate if child can feed self, what texture/types of foods he/she eats. Also list if bottle or sippy cups are used:

Describe sleeping patterns:

Describe toileting issues:

## Language Information

Does your child use words to communicate:

Does your child babble or make sounds throughout the day:

If your child does not easily use words to communicate, please briefly summarize child's language abilities (known words, known sounds, amount of words said each day, etc):

## Manding assessment

Can your child ask for things he/she wants with words? Cookie, juice, ball, push me, etc?

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If yes, please list the items/activities the child can request with words:

If your child cannot ask for things he/she wants or needs, how does he/she usually let you know what they want? Crying/tantrums/gestures/pulling an adult/pointing/sign language, etc:

## Tacting assessment

Can your child label things in a book or on flashcards:

Can your child label common items in their environment, like couch, TV, shoe, etc:

If yes, please estimate the number of things your child can label and give a few examples:

## Echoic assessment

Can your child imitate single words you say? For example if you say "Say Ball" will he/she say "Ball"? Will he/she imitate phrases:



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Does your child say things he/she has memorized from movies or things he/she has heard you say in the past? If yes, please describe:

#### **Intraverbal assessment**

Can your child fill in the blanks to songs? For example if you sing "Twinkle, Twinkle Little \_\_\_\_\_" will your child say "Star":

Please list songs or words that your child can fill in:

Will your child fill in the blanks to fun and/or functional phrases such as filling in "Pooh" when he/she hears "Winnie the \_\_\_\_\_" or say "Bed" if asked "What do you sleep in?":

Will your child answer WH questions (with no picture or visual cue) such as "What flies in the sky", "What goes in the kitchen":

Can your child name at least 3 colors or animals if asked:

#### **Receptive assessment**



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Does your child respond to his/her name when you call it? Always? Sometimes? Never:

If you tell your child to get his/her shoes or pick up his/her cup, does he/she follow your direction without gesture? Always? Sometimes? Never:

If you tell your child to sit down or clap their hands, will they follow the direction:

Will your child touch his/her body parts, for example if you say "Touch your nose" will the child do it? If yes, please list the body parts your child can identify:

#### **Imitation assessment**

Will your child copy your actions with toys if you tell him/her "Do This"? For example, if you take a car and roll it back and forth and tell your child "Do This" will your child copy you:

Will your child copy motor movements such as clap hands or stomp feet if you do it and say "Do This":



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### Visual Skills Assessment

Will your child match identical objects to objects, pictures to pictures, and pictures to objects if you tell him/her to "match":

Can your child complete age appropriate puzzles:

### Behavior Assessment

Is your child currently able to sit at a table or on the floor and do simple tasks with an adult:

Please list any problem behaviors (crying, biting, hitting, kicking, injuring self, property destruction, etc) that your child displays that you are concerned about:

Please estimate the number of times these behaviors happen (100 times a day, 10 times a week, 1 time per hour, etc), as well as a few examples of when the behavior occurs:



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Describe what strategies you have tried to control these behaviors and whether or not the strategies were successful:

Any Additional Information: