

Piece of Our Puzzle



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

Piece of Our Puzzle LLC
1 Sugarmaple Lane
Levittown, PA 19055
(484) 569-0377

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?

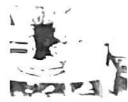
Medical Information

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....

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Services Received and how often: Speech-
Feeding-

Occupational-
Special Instruction-

Physical-

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

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

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

Comments:

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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.