Piece of Our Puzzle LLC

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**INTAKE ASSESSMENT FORM**

Date of Intake Completion: Click or tap to enter a date.

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

Mother’s Name: First name Last name Phone #: Choose an item. Phone #

Father’s Name: First name Last name Phone #: Choose an item. Phone #

Address: Click or tap here to enter text. City: Click or tap here to enter text. Zip: Click or tap here to enter text.

How Did you hear about Piece of Our Puzzle? Choose an item.

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: List other reasons

**Child’s Information**

Name: Click or tap here to enter text. Child’s Date of Birth: DOB

Address: Click or tap here to enter text.

Siblings: Click or tap here to enter text.

How is the relationship between the siblings if applicable? Choose an item.

**Medical Information**

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

Other: Insert Other Diagnosis Date of Diagnosis: Click or tap to enter a date.

Who gave diagnosis? Doctor Name Title: Choose an item. Where?: Click or tap here to enter text.

Does your child currently attend a school? [ ]  Yes [ ]  No

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

Click or tap here to enter text.

Services Received: Speech- hrs per wk Occupational- hrs per wk Physical- hrs per wk

 Feeding- hrs per week Special Instruction- hrs per week

Other: Click or tap here to enter text.

Current Medications: Click or tap here to enter text.

Allergies: Click or tap here to enter text.

Special Diet/Restrictions: Click or tap here to enter text.

**Self-Help Skills Information**

**Describe eating and drinking skills:**

[ ]  Can feed self finger foods [ ]  Can feed self with utensils [ ]  Limited food items consumed

[ ]  Needs assistance to finish food [ ]  Drinks from cup [ ]  Drinks from straw [ ]  Drinks from sippy cup

Describe favorite foods: Click or tap here to enter text.

Describe aversive foods: Click or tap here to enter text.

**Describe sleeping patterns:**

[ ]  Has difficulty with night time routine [ ]  Has difficulty falling asleep [ ]  Has difficulty staying asleep [ ]  Has difficulty waking up [ ]  Takes naps [ ]  Is a restful sleeper

Other Comments: Click or tap here to enter text.

**Describe toileting skills:**

[ ]  Uses diapers [ ]  Uses pull-ups at night [ ]  Urinates on toilet [ ]  Defecates on toilet

[ ]  Wipes self [ ]  Requires help [ ]  Is fully independent with toileting

Other Comments: Click or tap here to enter text.

**Describe Verbal Language Skills**:

[ ]  Requests some items using words [ ]  Makes sounds throughout the day

[ ]  Spontaneously requests at least 5 times an hour [ ]  Can label familiar items

[ ]  Requests at least 5 actions from others [ ]  Uses 2 or more words [ ]  Requires prompts

[ ]  Requests at least 15 times in a 30-minute period [ ]  Can label at least 10 actions

[ ]  Fills-in songs [ ]  Can state their name when asked [ ]  Can imitate words

Has at least a [ ] 50 [ ] 100 [ ] 200 word vocabulary

Other Comments: Click or tap here to enter text.

**Impeding Behaviors** [ ]  Cries [ ]  Screams [ ]  Hits when told no [ ]  inconsolable tantrums

**Describe Listening Skills:**

[ ]  Responds to name [ ]  Follows simple directions [ ]  Can go to family members when asked

[ ]  Can do at least 10 actions when asked [ ]  Can identify items by category, i.e. foods, animals

[ ]  Can pick out items in a book [ ]  Can look for an item when asked to

Can show you at least [ ] 20 [ ] 40 [ ] 60 [ ] 100 [ ] 200 items when asked (animals, furniture, toys, etc.)

Other Comments: Click or tap here to enter text.

**Impeding Behaviors**  [ ]  Unresponsive [ ]  Walks away [ ]  Doesn’t look [ ]  Unintentional

**Describe Play Skills:**

[ ]  Attends to toys for at least 30 sec [ ]  Engages in cause and effect play [ ]  Can match items

[ ]  Explores toys for a minute [ ]  Engages in movement play for 2 min [ ]  Imitates the actions of others

[ ]  Shows interest in peers [ ]  Follows peers [ ]  Parallel play with peers [ ]  Searches for missing toys

[ ]  Plays creatively [ ]  Makes requests to peers [ ]  Pretend plays [ ]  Likes arts and crafts

Can entertain self for [ ] 3 [ ] 5 [ ] 10 minutes without adult facilitation

Other Comments: Click or tap here to enter text.

**Impeding Behaviors** [ ] Fleeting attention [ ] Easily distracted [ ] Limited interests [ ] Possessiveness

**Behavior Assessment:**

Can your child sit with you and do simple activities? Choose an item.

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

#1 Choose an item. How often does this behavior happen? Choose an item.

#2 Choose an item. How often does this behavior happen? Choose an item.

#3 Choose an item. How often does this behavior happen? Choose an item.

Additional Comments:

List any informational that may be helpful in understanding your child’s individual situation.