

# Piece of Our Puzzle



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

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.

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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 restless 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

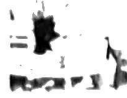
Can show you at least 20   40   60   100   200 items when asked (animals, furniture, toys, etc.)

Other Comments: Click or tap here to enter text

**Impeding Behaviors**    Unresponsive    Walks away    Doesn't look    Unintentional

### Describe Play Skills:

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- 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.