



Client Learner Intake Packet



Client Learner Form

Client Name:

Date:

1. Does the child has poor eye contact during social interactions? Please Explain.

2. Does the child use facial expressions to communicate?

3. How does the child communicate (verbally gesture/communication device, etc.)?

4. How does the child socially interact with others?



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5. What are the preferred items that the child likes to play with?

6. What are some of the client's favorite foods or snacks?

7. What activities, food, and settings that the client does *not* like?

8. What type of attention is the client most interested in (tickles, positive comments, stickers, etc.)?



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9. Does the child have typical speech characteristics (echoing, jargon, unusual rhythm or volume)?

10. Does the child have repetitive body mannerisms?

11. Does the child use objects in a repetitive or rigid manner?

12. Does the child have specific interests that are unusual in focus (traffic lights, wheel)?



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13. Does the client show hyper-reactivity to sensory input?

14. Does the child engage in aggressive behavior and/or destructive behaviors toward self, others, objects, or elopement?



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Behavior

1. Did the client receive ABA Therapy?

2. Did the child have any behavior concerns?

3. Hyperactivity (Please list):

4. Property Destruction (Please list):

5. Property Destruction (Please list):

6. Stereotypy Behavior (Please list):



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Behavior

7. Elopement (Please list):

8. Self-Injury Behaviors (Please list):

9. Language and communication Skills (Please check all that apply)

- Communication Device
- PECS System
- Vocalization
- Gesture
- Sign Language

10. Does the client receive speech therapy? If so, how often?



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Gross Motor/Fine Motor Skills

1. Does the child have any movement restrictions? What are the primary concerns?
2. Does the child receive Occupational Therapy (Please list):
3. Does the child receive Physical Therapy (Please list):
4. Does the child have any sensory needs (Please list):



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Self Help Skills

1. Is the client potty trained?
2. Do you have any concerns regarding the child's self-help skills (Please list):
3. What do you hope to gain overall from this evaluation (Please list):
4. What does the child do well (Please list):
5. What activities/items does the child enjoy (Please list):