Crabtree Behavioral Consulting

Application for Services for Families

Date Completed: _____ Completed By: _____

Child's Name: _____ ☐ M ☐ F Age: _____ Birth date: _____
First MI Last

Relationship to child: _____

What is your reason for seeking behavioral services?

_____

CURRENT CONCERNS ABOUT YOUR CHILD:
Please check all that apply:

☐ Language concerns	☐ Toileting concerns	☐ Eating concerns	☐ Peer relationships
☐ Sleep issues	☐ Self-help skills	☐ Motor skill concerns	☐ Academic concerns
☐ Hitting	☐ Biting	☐ Kicking	☐ Screaming
☐ Bolting away from you	☐ Self-injury	☐ Short attention span	☐ Anxious or avoidant
☐ Problems transitioning	☐ Self-stimulatory behaviors: (i.e.: rocking, spinning, flapping hands, visual stim)	☐ School environment concerns describe:	☐ Other:

PARENT/LEGAL GUARDIAN INFORMATION:
Parent/Guardian #1:

_____ Relationship to child: _____
First MI Last

Address: _____ Home Phone: _____

_____ Cell Phone: _____

City: _____ _____ Work Phone: _____

State: _____ Zip: _____ Email: _____

Address same as client? ☐ Yes ☐ No

Parent/Guardian #2:

_____ Relationship to child: _____
First MI Last

Address: _____ Home Phone: _____

_____ Cell Phone: _____

City: _____ _____ Work Phone: _____

State: _____ Zip: _____ Email: _____

Address same as client? ☐ Yes ☐ No

Application for Services

FAMILY HISTORY:

Parents are: ☐ Married to each other ☐ Living together ☐ Separated ☐ Divorced ☐ Remarried

Is the client adopted? ☐Yes ☐ No If yes, what age was the client adopted?____ Country of origin:_____

Are other languages spoken in the home? ☐ Yes ☐ No

If yes, please list (primary language first):_____

Who lives in the home with the child?

Name	Age	Relationship

Are there any current family concerns that may be relevant or pertinent to treatment? ☐ Yes ☐ No

If yes, explain: _____

If the client does not live with BOTH biological parents, who has legal custody of the child?

Name: _____

Is there known family history of (Check all that apply): ☐ ADD/ADHD ☐ Autism Spectrum Disorder

☐ Communication Disorders ☐ Learning Disabilities ☐ Emotional Disturbances ☐Other:_____

DEVELOPMENTAL & MEDICAL HISTORY:

PRENATAL:

Did the biological mother have any of the following during pregnancy? ☐ Not sure

☐ Rx medication, alcohol or drug abuse: _____

☐ Other medical conditions of concern: _____

DELIVERY:

Was infant born full-term? ☐ No ☐ Yes

If premature, how early? ____ Birth weight: _____ Apgar Scores: at 1 minute ___ at 5 minutes_____

List any complications during

delivery:_____

Which of the following applied to the infant? (Check all that apply)

☐ Breathing problems	☐ Required oxygen	☐ Required incubator
☐ Feeding problems	☐ Sleeping problems	☐ Infection
☐ Torticollis	☐ Excessive crying	☐ Seizures/convulsions

☐ Unusual appearance, describe: _____

☐ Bleeding into the brain ☐ Did the infant require: ☐ X-Rays ☐ CT scans ☐ Blood transfusions

☐ Placement in the NICU (if so, for how long)? _____

DEVELOPMENTAL HISTORY:

Has your child ever been diagnosed or treated for the following conditions?

☐ Motor delays ☐ Learning delays ☐ Cerebral Palsy ☐ Feeding/Eating issues

☐ Hydrocephalus ☐ Vision/Eye concerns ☐ Failure to thrive ☐ Seizure or Convulsions

☐ Twitching or Ticks ☐ Bowel or gut issues ☐ Reflux/GERD ☐ Infectious disease

☐ Allergies List: _____

☐ Abuse/Neglect ☐ Sleep disorders ☐ Other: _____

DIAGNOSTIC INFORMATION:

Child's Primary Diagnosis: _____ Date of Diagnosis: _____ Age: _____

Secondary Diagnosis: _____ Date of Diagnosis: _____ Age: _____

Additional Diagnosis: _____ Date of Diagnosis: _____ Age: _____

Referring Physician/PCP: _____ Clinic: _____ Phone: _____

May we contact the physician, if needed? ☐ Yes ☐ No (If yes, please also indicate on a release of information)

Has your child's hearing been tested in the last 12 months? ☐Yes ☐No If yes, was it in normal limits? ☐Yes ☐No

Has your child's vision been tested in the last 12 months? ☐Yes ☐No If yes, was it in normal limits? ☐Yes ☐No

Is your child currently on medication? ☐ Yes ☐ No If yes, please list below:

Medication	Date Prescribed	Dosage	Administration times	Prescribed to treat:

Has the child ever been hospitalized for emotional problems or alcohol or drug abuse? If yes, please list when the events occurred and the outcome:

_____

_____

EDUCATIONAL SERVICES:

What school does your child attend? _____

How many students are in the class? _____ How many teachers and paraprofessionals are in the classroom? _____

Is the child in: ☐ Special Education ☐ Regular Education Days/Times of attendance: _____

May we communicate with the school? ☐ Yes ☐ No (If yes, please fill out a release form)

Application for Services

Does your child participate in other behavioral services? ☐ Yes ☐ No If yes, please describe: _____

Date started: _____ Agency: _____

List other services your child participates in: (ex: Occupational Therapy, Speech, Social Skills, ABA, etc.)

Service/Activity	Date Started	Hours/Minutes per week

**** Please attach information you have received regarding progress, goals or objectives in each activity.****

CHILD PREFERENCES:

Describe your child's favorite things: (List in order with MOST favorite first, list several for each category if applicable)

Food/Edibles: (ex: M&M's) _____

Toys: (ex: music toys) _____

Themes: (ex: Thomas, Dora, etc.) _____

Praise: (ex: Good job) _____

Activities: (ex: tag, Candyland) _____

MY CHILD *DOES NOT* LIKE:

Describe items or events which may trigger problem behavior
List in order with the things he/she dislikes the most FIRST (i.e., vacuum cleaners, dogs, singing, etc.)

BEHAVIORAL LANGUAGE INTERVIEW:

Instructions: Please place a check mark by the skill level which applies to your child. If you feel that your child engages in the skill area as well as age matched peers, you may check the box on the top right and move to the next skill area.

Example: VOCAL PLAY OR BABBLE: If your child speaks clearly using fully intelligible words or sentences you may check: ☐ My child engages in vocal play as well age-matched peers - and proceed to VOCAL IMITATION skills.

VOCAL PLAY OR BABBLE:

My child… (Check all that apply) ☐ My child engages in vocal play as well age-matched peers or speaks clearly

- ☐ does not make any vocal sounds
- ☐ makes a few sounds not related to environment or communicative attempt (babbles)
- ☐ babbles by making primarily vowel sounds
- ☐ babbles by making primarily consonant sounds
- ☐ vocalizes frequently but limited variety of sounds
- ☐ vocalizes many sounds frequently but I can't understand any words
- ☐ vocalizes frequently and says many clearly understandable words

VOCAL IMITATION:

My child…(Check all that apply) ☐ My child vocally imitates as well age-matched peers

- ☐ cannot repeat any sounds or words accurately
- ☐ will repeat a few specific sounds or words in context of a preferred activity with lots of repetition
- ☐ will repeat a few specific sounds or words to acquire a preferred item or activity
- ☐ will repeat or closely approximate many different words
- ☐ will intelligibly repeat any word or simple phrase

MOTOR IMITATION:

My child…(Check all that apply) ☐ My child's imitates motor movements as well age-matched peers

- ☐ cannot imitate anybody's motor movements
- ☐ imitates an action involving an object in the context of a preferred activity
- ☐ imitates a few gross motor movements
- ☐ imitates fine and gross motor movements
- ☐ accurately imitates the number of actions presented by the model - (i.e., you clap 3 times he/she claps 3 times)

REQUESTING:

My child…(Check all that apply) ☐ My child requests as well as age-matched peers

- ☐ never seems to want anything unless I offer it to him/her but he/she does not ask or initiate
- ☐ does not ask for things appropriately and tantrums to get what he/she wants
- ☐ pulls people, points or stands by preferred items when he/she wants something
- ☐ uses a few ☐ words, ☐ pictures or ☐ signs to request desired items
- ☐ requests using 10+ ☐ words, ☐ signs or ☐ pictures with the item present
- ☐ requests items out of sight using 1 to 3 word utterances ("I want Thomas movie.")
- ☐ requests many items and activities in sentence format with appropriate changing form of sentence
- ☐ requests information using the same "Wh" questions that are always the same question (i.e., "What's that?" NOT "What do you have?")
- ☐ Requests information using What, Where, Who, Which – but limited use of When, Why, How.
- ☐ Requests information using all: What, Where, Who, Which, When, How, Why

LABELING:

My child…(Check all that apply) ☐ My child labels as well as age-matched peers

- ☐ cannot label any common objects in pictures or 3D objects
- ☐ labels 0 to 15 common objects
- ☐ labels 15 to 50 common objects AND ☐ CAN or ☐ CAN NOT label actions, colors, shapes, etc.
- ☐ labels 50 to 100 common objects and common on-going actions, colors, etc.
- ☐ labels appropriate parts of a scene when presented with a simple WH question.
  (i.e., "Who has on a dress?" – "*The cat!"*)
- ☐ labels appropriate parts of a scene when asked a complex question.
  (i.e., "Who is behind the cat with the dress?" – "*A dog"*)

CONVERSATIONAL SKILLS/PRE-REQUISITES TO CONVERSATION:

My child…(Check all that apply) ☐ My child converses as well as age-matched peers

- ☐ does **not** fill in missing words or parts of songs. (i.e., "Itsy bitsy" ~ pause.. Child responds: *"spider"*)
- ☐ fills in a few missing words or animal sounds
  (i.e., "What does a cow say?" ~ *"Moooo"*)
- ☐ tells me his/her name when asked, "What's your name?"
- ☐ can give 3-4 examples of a category when presented with a category name.
  (i.e., "Tell me some animals." – no animals or pictures of animals present. Child responds: *"Cow, cat, dog, duck"*)
- ☐ answers with correct and changing answers when asked questions about past events
  (i.e., "What did you do at school today?")
- ☐ answers 20 questions with variation of What, Who, When, Where, Which
- ☐ engages in 2-3 conversational exchanges

LISTENER SKILLS:

My child…(Check all that apply) ☐ My child responds as a listener as well as age-matched peers

- ☐ does not orient to novel sound in the environment or familiar word/sound
  (i.e., does not turn head or search when his/her name is called or when music from favorite toy is heard)
- ☐ is slow to orient or locate a new or unfamiliar sound
- ☐ finds favorite object in same room in sight when given the name of the object
  (i.e., "Where's your cup?" ~ looks for and locates cup)
- ☐ follows single component instructions in routine situations (i.e., "Get your shoes.")
- ☐ follows 2 component instructions in correct order (e.g. "Touch your nose then your ear.")
- ☐ follows 2-3 step new instructions (i.e., "Get a drink, go to the bathroom and then we'll go.")

COOPERATION WITH ADULTS:

My child… (Check all that apply) ☐ My child is very cooperative.

- ☐ always is uncooperative, avoids adults who may place demands, and engages in negative behavior when a demand is placed.
- ☐ will comply with one adult demand to receive access to a highly preferred item
- ☐ will comply only when the instruction or demand is something he/she wants to do
- ☐ complies about 50% of the time when any instruction is given by an adult
- ☐ is very compliant with some adults and does almost anything that adult asks him/her to do

PLAY SKILLS:

(Check all that apply) ☐ My child engages in play the same as age-matched peers

- ☐ It is difficult to find an item or activity he/she is interested in
- ☐ He/she explores the environment but does not play with anything for long

☐ He/she plays with things for 2-3 minutes and is beginning to pretend to talk on the phone, etc.
☐ He/she engages in a variety of pretend play activities (i.e., play with cars, trains, baby dolls, house/people sets, etc.)

SOCIAL SKILLS:

My child… (Check all that apply) ☐ My child engages in social interaction the same as age-matched peers
☐ does not initiate interactions with others
☐ physically approaches others to initiate interaction
☐ readily asks adults for preferred items
☐ verbally interacts with an adult when the adult has a preferred item
☐ interacts with adults some but prefers to play alone
☐ has difficulty initiating interaction with peers
☐ does not play with peers appropriately
☐ engages in problem behavior to get attention from peers

List any other skills your child needs to improve upon that may not have been addressed specifically in this document: (i.e., Self-help skills, Motor skills, Academic skills, etc.)

List any other factors you feel may affect treatment or would like for us to know about, (i.e., spiritual or cultural beliefs or concerns):

OVERVIEW OF PROBLEM OR INTERFERING BEHAVIOR(S):

CHALLENGING SITUATIONS:		If no, describe the behavior: (i.e., screaming, hitting)	Rating
Can you tell your child "No" without problem behavior occurring?	☐ Y ☐ N		
Can you remove a preferred item without problem behavior occurring?	☐ Y ☐ N		
Can your child wait appropriately as well as age matched peers?	☐ Y ☐ N		
Are you able to take your child to public places without problem behavior?	☐ Y ☐ N		
Does your child follow instructions to do things throughout the day?	☐ Y ☐ N		

In the right hand column above rate the situations according to their priority for change for your family.1 = highest priority, 5 = lowest priority. If no problem behavior occurs in that scenario, leave blank.

ASSESSMENT OF OCCURRENCES AND SEVERITY:

Please list the behavior your child engages in, check the box which applies to the frequency the behavior occurs on average, check the box regarding how disruptive you feel the behavior is for your family.

Behavior	List your child's behavior	This occurs how often?	This behavior is:
Aggression towards others: (i.e., hitting, kicking, biting, etc.)		☐ Hourly ☐ Daily ☐ Weekly ☐ Less	☐ Mildly disruptive but little risk to property or health ☐ Moderately disruptive and results in property damage or minor injury ☐ Severely disruptive and is a significant threat to health or safety of self or others
Aggression towards self: (i.e., self-hitting, picking skin, etc.)		☐ Hourly ☐ Daily ☐ Weekly ☐ Less	☐ Mildly disruptive but little risk to property or health ☐ Moderately disruptive and results in property damage or minor injury ☐ Severely disruptive and is a significant threat to health or safety of self or others
Repetitive behavior: (i.e., rocking, hand flapping, spinning, etc)		☐ Hourly ☐ Daily ☐ Weekly ☐ Less	☐ Mildly disruptive but little risk to property or health ☐ Moderately disruptive and results in property damage or minor injury ☐ Severely disruptive and is a significant threat to health or safety of self or others
Property Destruction: (i.e., throwing things, ripping, dumping, etc.)		☐ Hourly ☐ Daily ☐ Weekly ☐ Less	☐ Mildly disruptive but little risk to property or health ☐ Moderately disruptive and results in property damage or minor injury ☐ Severely disruptive and is a significant threat to health or safety of self or others
Disruptive Behavior: (i.e., screaming, running around, etc.)		☐ Hourly ☐ Daily ☐ Weekly ☐ Less	☐ Mildly disruptive but little risk to property or health ☐ Moderately disruptive and results in property damage or minor injury ☐ Severely disruptive and is a significant threat to health or safety of self or others

Additional comments regarding problem behavior:

Crabtree Behavioral Consulting

Application for Services

Scheduling

Our goal is to affect socially significant behavior change for the clients we serve, to assist families in achieving this goal we require a minimum of 4 hours per week of ABA treatment.
We cannot guarantee that we will have these times available, but we will do our best!

Authorization to Release Information Regarding Benefits

I verify that all the information above is correct to the best of my knowledge.
I allow a copy of this authorization to be used in the place of an original.

_____ _____

Parent/Guardian Signature Date

We thank you for taking the time to assist us in getting to know the needs of your child.
Your investment makes a difference!