



Client Intake Packet

This questionnaire is to be completed by the child's parent or legal guardian so that Pivotal Behavior ABA (PBA) may learn essential information about your child for use in treatment planning. Pivotal Behavior ABA will ensure that any information provided by you is kept confidential according to HIPAA guidelines. Please contact the behavior analyst if you have any questions when completing this form. Please use the back of the page if need more space.

Insurance Information

A copy of the insurance card will be required at the time of the initial visit

Name of Insurance Company:
Name of Policyholder:
Social Security # of Policy Holder:
DOB of Policy Holder:
Insurance Address:
Phone Number:
Member ID:
Group ID:

Demographic/Biopsychosocial Information

1. Legal name of child: _____ Child's DOB: _____
2. Name of Person Completing this form: _____
3. Child's Home Address: _____



4. Telephone Number: _____ (home) _____ (cell)

5. Child's physician's name/location: _____

6. Child's neurologist's name/location: _____

7. Describe family composition (including siblings/ages, and others living in the home):

8. Please list any significant legal/social events/stressors occurring in the home (e.g., parent illness, divorce).

General Information

9. Please indicate your goals for therapy?



10. Please indicate your preferred days/times for therapy (weekdays/weekends). Note that behavior therapy is most effective when implemented continuously and frequently.

11. Please indicate items that your child prefers (approaches and/or engages with consistently and independently) in each category below:

Edible (e.g., chips)	Tangible (e.g., balls)	Social (e.g., tickles)	Activity (e.g., swim)

Medical History

12. Indicate child’s diagnoses, including age at diagnosis.



13. Indicate any medical conditions/serious illnesses (e.g., asthma, recurrent ear infections) experienced by your child.

14. Does your child require a special diet? If yes, please describe.

15. Indicate any medications taken by your child, including dosage, time of administration (e.g., morning), start date, and indication (purpose of medication).

Medication Name	Dosage/Admin Time	Start Date	Indication

16. Check any applicable conditions experienced by your child and provide descriptive information about the conditions below.

- Allergies
- Sleep
- Educational
(e.g., processing disorder)
- Vision
- Feeding
- Other
- Hearing
- Sensory



Educational Information

DOES YOUR CHILD HAVE AN IEP/IFSP (provide a copy): Yes No

17. Please provide information about your child's current school:

a. School name: _____ Grade: _____

b. Child's teacher(s): _____

c. Type of classroom (e.g., self-contained): _____

d. Address: _____

e. School hours: _____

f. Transportation information (e.g., bus): _____

g. Please indicate if your child currently receives supportive therapies (e.g., Speech and Language, Occupational?). Please indicate arranged times.



18. Has your child received ABA therapy in the past? If yes, please indicate *time period* and *outcomes*.

Functional Behavior Assessment

19. Please list inappropriate behaviors that you would like to decrease (e.g., aggression), along with their definitions (e.g., hitting, kicking, biting) and other characteristics, below. Then, complete **one** *Functional Assessment Screening Tool* questionnaire (*end of this section*) for **each** inappropriate behavior.

Inappropriate Behavior 1: _____

Definition: _____

_____ How frequently does this behavior occur (e.g., 15 times/day)?

_____ (# times) per: hour/day/week/month (circle one)



Indicate severity of the behavior (check one):

- Mild: Disruptive but little risk to property or health
- Moderate: Property damage or minor injury
- Severe: Significant threat to health or safety

What typically triggers the behavior? _____

How do caregivers and others typically respond to the behavior?

Indicate persons/activities with which behavior is most likely to occur:

Indicate persons/activities with which behavior is least likely to occur:

Inappropriate Behavior 2: _____

Definition: _____

How frequently does this behavior occur (e.g., 15 times/day)?

_____ (# times) per: hour/day/week/month (circle one)

Indicate severity of the behavior (check one):

- Mild: Disruptive but little risk to property or health
- Moderate: Property damage or minor injury



Severe: Significant threat to health or safety

What typically triggers the behavior? _____

How do caregivers and others typically respond to the behavior?

Indicate persons/activities with which behavior is most likely to occur:

Indicate persons/activities with which behavior is least likely to occur:

Inappropriate Behavior 3: _____

Definition: _____

How frequently does this behavior occur (e.g., 15 times/day)?

_____ (# times) per: hour/day/week/month (circle one)

Indicate severity of the behavior (check one):

- Mild: Disruptive but little risk to property or health
- Moderate: Property damage or minor injury
- Severe: Significant threat to health or safety

What typically triggers the behavior? _____



How do caregivers and others typically respond to the behavior?

Indicate persons/activities with which behavior is most likely to occur:

Indicate persons/activities with which behavior is least likely to occur:

Inappropriate Behavior 4: _____

Definition: _____

How frequently does this behavior occur (e.g., 15 times/day)?

_____ (# times) per: hour/day/week/month (circle one)

Indicate severity of the behavior (check one):

- Mild: Disruptive but little risk to property or health
- Moderate: Property damage or minor injury
- Severe: Significant threat to health or safety

What typically triggers the behavior? _____



How do caregivers and others typically respond to the behavior?

Indicate persons/activities with which behavior is most likely to occur:

Indicate persons/activities with which behavior is least likely to occur:

Functional Analysis Screening Tool (FAST; Iwata et al., 2013). The FAST is a tool that is designed to identify environmental factors that may contribute to the occurrence of inappropriate behavior.

Instructions: Read each of the numbered statements, and for each of the inappropriate behaviors listed above, indicate, "Yes," if the statement accurately describes the child's inappropriate behavior, "No," if the statement does not accurately describe the behavior, and "N/A," if it is not known if it accurately describes the behavior on the FAST Response Matrix below.

1. Does the problem behavior occur when the person is not receiving attention or when caregivers are paying attention to someone else?
2. Does the problem behavior occur when the person's requests for preferred items or activities are denied or when these are taken away?
3. When the problem behavior occurs, do caregivers usually try to calm the person down or involve the person in preferred activities?
4. Is the person usually well behaved when (s)he is getting lots of attention or when preferred activities are freely available?
5. Does the person usually fuss or resist when (s)he is asked to perform a task or to participate in activities?
6. Does the problem behavior occur when the person is asked to perform a task or to participate in activities?



7. If the problem behavior occurs while tasks are being presented, is the person usually given a “break” from tasks?
8. Is the person usually well behaved when (s)he is not required to do anything?
9. Does the problem behavior occur even when no one is nearby or watching?
10. Does the person engage in the problem behavior even when leisure activities are available?
11. Does the problem behavior appear to be a form of “self-stimulation?”
12. Is the problem behavior less likely to occur when sensory stimulating activities are presented?
13. Is the problem behavior cyclical, occurring for several days and then stopping?
14. Does the person have recurring painful conditions such as ear infections or allergies? If so, list below.
15. Is the problem behavior more likely to occur when the person is ill?
16. If the person is experiencing physical problems, and these are treated, does the problem behavior usually go away?

FAST Response Matrix

Write each inappropriate behavior listed above, and answer the FAST questions for each inappropriate behavior (Yes, No, N/A). Do not mark anything in the “Total Y” column.

Inapprop. Behavior 1					Inapprop. Behavior 2					Inapprop. Behavior 3				
	Yes	No	N/A	Total Y		Yes	No	N/A	Total Y		Yes	No	N/A	Total Y
1					1					1				
2					2					2				
3					3					3				
4					4					4				
5					5					5				
6					6					6				
7					7					7				
8					8					8				
9					9					9				
10					10					10				
11					11					11				
12					12					12				



13					13					13				
14					14					14				
15					15					15				
16					16					16				
Inapprop. Behavior 4														
	Yes	No	N/A	Total Y										
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														

20. Does your child have difficulty with changes, such as when things are moved? If yes, please describe.



21. List any special skills, abilities, or strengths of your child.

22. Does your child make eye contact with others ___always ___sometimes ___never

23. Does your child look or answer when name is called ___always ___sometimes ___never

24. Circle the number to indicate the level of performance that best describes the child's typical level of performance in the following areas (Sundberg & Partington, 1998).

- a. **Cooperation with Adults.** How easy is it to work with the child?
1. Always uncooperative, avoids work, engages in negative behavior
 2. Will do only one brief and easy behavior for a powerful reward
 3. Will do five, requested behaviors in one sitting without negative behavior
 4. Will work for 5 minutes without negative behavior
 5. Works well for 10 minutes at a table without negative behavior

- b. **Requesting.** How does the child let his needs and wants be known?
1. Cannot ask for preferred items; or engages in negative behavior
 2. Pulls people, points, or stands by preferred items or activities
 3. Uses 1-5 words, signs or pictures to ask for preferred items or activities



4. Uses 5-10 words, signs or pictures to ask for preferred items
5. Frequently requests using 10 or more words, signs, or pictures

If you answered 3 or higher above, please describe the type of communication your child uses (e.g., picture exchange, words, or sign language).

- c. **Motor Imitation.** Does the child copy the actions of others?
 1. Cannot imitate motor movements modeled by others
 2. Imitates a few *gross motor* movements (e.g., touches head) modeled by others
 3. Imitates several gross motor movements modeled by others when prompted
 4. Imitates several *fine motor* movements (e.g., points finger) and gross motor movements, modeled by others
 5. Easily imitates any fine or gross movements, modeled by others, often spontaneously

- d. **Vocal Play.** Does the child spontaneously say sounds and words?
 1. Cannot not make any sounds (mute)
 2. Makes a few speech sounds, infrequently
 3. Vocalizes many speech sounds with varied intonation
 4. Vocalizes many speech sounds frequently with varied intonation, *and says a few words*
 5. Vocalizes frequently and says many clearly understandable words

- e. **Vocal Imitation.** Does the child imitate sounds or words?
 1. Cannot imitate any sounds or words spoken by others



2. Will imitate a few specific sounds or words spoken by others
 3. Will imitate or closely approximate several sounds or words spoken by others
 4. Will imitate or closely approximate many different words spoken by others
 5. Will clearly imitate any word, or even simple phrases
- e. **Matching to Sample.** Does the child match different stimuli (e.g., objects, pictures, designs) to identical samples (e.g., matches a cup to a cup)?
1. Cannot match any objects or pictures to identical samples (*e.g., cannot match two identical 3d cups or two identical pictures of cups*)
 2. Can match 1 or 2 objects or pictures to identical samples (*e.g., can match two identical 3d cups or two identical pictures of cups, even when sample item is presented with another item*)
 3. Can match 5 to 10 objects or pictures to identical samples
 4. Can match 5 to 10 colors, shapes, or designs to identical samples
 5. Can match most items to identical samples, and can match 2 to 4 designs (e.g., color pattern) to identical samples
- f. **Receptive Communication.** Does the child understand any words or follow directions (e.g., “sit down at the table”)?
1. Cannot understand any words
 2. Will follow a few instructions related to daily routines when asked
 3. Will follow a few instructions to do actions or touch items when asked
 4. Can follow *many* instructions, *and* point to at least 25 items when asked
 5. Can follow *most* instructions, and point to at least 100 items, actions, persons or adjectives when asked
- g. **Receptive Labeling.** Does the child label or verbally identify any items or actions when prompted (e.g., caregiver says, “what is it?” when pointing to a dog, or, “what is she doing?” when pointing to a person swimming)?
1. Cannot identify any items or actions
 2. Identifies only 1 to 5 items or actions
 3. Identifies 6 to 15 items or actions
 4. Identifies 16 to 50 items or actions



5. Identifies over 100 items or actions and emits short sentences
- h. **Receptive labeling by function, feature, and class information.** Does the child identify items when given information about those items? See examples of function, feature, and class below.
 1. Cannot identify items based on information about them
 2. Can identify a few items given synonyms or common functions
 3. Can identify 10 items given 1 of 3 functions or features
 4. Can identify 25 items given 4 functions, features, or classes
 5. Can identify 100 items given 5 functions, features or classes

Examples:

Function: child points to pen in a group of items when asked, “find something you write with”

Feature: child points to small block in a group of large blocks when told, “Point to the block that is small”

Class: child puts a toy pig into a group of animals, and a toy car into a group of vehicles when asked to put the item in the correct group

- i. **Conversation Skills.** Can the child fill-in missing words or answer questions?
 1. Cannot fill-in missing words (e.g., says, “go,” when adult says, “ready, set, ___”), or parts of songs (e.g., says “lamb,” when an adult says, “Mary had a little ___”).
 2. Can fill-in a few missing words, or provide animal sounds (e.g., says “moo,” when an adult says, “A cow says ___.”)
 3. Can fill-in 10 phrases or answer at least 10 simple questions (e.g., says “3” when asked, “how old are you?”)
 4. Can fill-in 20 phrases or can answer 20 questions with variation in answers (e.g., responds “good,” “ok,” or “tired,” when asked, “how are you?”)
 5. Can answer at least 30 questions with variation in answers



j. Letters and Numbers: Does the child know any letters, numbers, or written words?

1. Cannot identify any letters, numbers, or written words
2. Can identify at least 3 letters or numbers
3. Can identify at least 15 letters or numbers
4. Can read at least 5 words and identify 5 numbers
5. Can read at least 25 words and identify 10 numbers

k. Social Interaction. Does the child initiate and sustain interactions with others?

1. Does not initiate interactions with others
2. Physically approaches others to initiate an interaction
3. Readily asks adults for preferred items or activities
4. Verbally interacts with peers with prompts
5. Regularly initiates and sustains verbal interactions with peers

Please note any other social deficits evidenced by your child.

25. Check box to indicate your child's level of independence with self-care tasks.

Tasks	Independent	Requires some assistance	Requires full assistance
Toileting			
Feeding			



Dressing			
Tooth brushing			
Hair brushing			
Community Safety			
Home Safety			

Please describe skills associated with *some* or *full* assistance:

Caregiver Guidelines

The following guidelines are suggested for caregivers during applied behavior therapy. Caregiver participation in therapy is a must and required by funding sources.

1. A parent or responsible adult (over 18 years of age) must be in the home when therapy is being provided.



2. Caregivers are expected to participate in therapy sessions. Specifically, caregivers will be trained to implement their child's behavior program, and data on the accuracy of their implementation will be collected.
3. The area being used for therapy must be clean, of comfortable temperature, and well lit. In some cases, the therapist may ask for distracting stimuli to be removed from the training environment. Caregivers should not smoke in the home when a therapist is present. In addition, pets should be removed from therapy area to the greatest extent possible.
4. Therapy may be conducted at home, school, or other environment (i.e., community), and will be allocated to those locations in which the child has the most difficulty
5. The materials and reinforcers used for therapy should be reserved for therapy sessions unless otherwise stated by the therapist
6. The child should be dressed and fed prior to therapist arrival unless these skills are being addressed in the program.
7. Caregivers should contact the therapist 24 hours prior to the appointment if they know they are going to cancel a session. If more than 20% of sessions are cancelled in a 3-month period, your child may lose his/her therapy slot.
8. Sickness. Please give the therapist as much notice as possible prior to the scheduled session if you know that your child is sick. Sickness includes, but not limited to the following:
 - Temperature above 100
 - Communicable Disease
 - Throat
 - Foot/Mouth Disease
 - Vomit
 - Mumps
 - Chicken Pox
 - Measles
 - Diarrhea
 - Pin Worm
 - Strep
 - Lice
 - Rash
 - Pink Eye
9. If the therapist arrives, and the child is not at home, the therapist will wait 15 minutes before leaving. This will be considered a no-show. More than two no-shows within a 2-month period may result in your child losing his therapy slot
10. A therapist cannot change appointment times without agreement with the family.
11. The therapist will give the family as much notice as possible before cancelling a session. The therapist will call the family if they are going to be arriving more than 5 min late.
12. Please do not call the therapist before 8 am or after 8 pm.
13. In case of an accident or unusual incident (e.g. runaway), the family should immediately notify the therapist, who will inform their BCBA of the event.



14. Parents and therapists should be respectful and courteous to each other. Open communication between parents and therapists is essential to the establishment of a successful program for the child.
15. If there are any problems or concerns, please contact the Lead Analyst on the case immediately.

I understand and agree to the caregiver guidelines:

Signature of Caregiver/Guardian

Date

Signature of Pivotal Behavior ABA Behavior Analysis Provider

Date

Next Steps

1. Verification of insurance benefits
2. Request an authorization for a Behavioral Assessment
 - a. This process can take 1-3 weeks for approval depending on your child's insurance carrier
3. Schedule the Behavior Assessment (See Behavior Assessment section below)
 - a. This assessment varies in length but typically can be completed in 2-3hrs
4. Develop a Plan of Care (POC) based on the results of the assessments
5. Schedule a parent meeting to discuss results of assessments, POC, Parent Goals, discuss services hours for your child, and make any adjustments to the POC
6. Submit the POC for authorization to the insurance company
 - a. This process can take 1-3 weeks depending on your child's insurance carrier
7. Prepare to begin services for your child
8. The POC is authorized in 6-month increments. At this time, your child will be re-evaluated, and a progress summary will be generated.



Direct Assessments (Initial to be conducted by a BCBA/BcABA)

- **VBMAPP (Verbal Behavior and Milestone Assessment and Placement)**
The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) is an assessment tool used with individuals diagnosed with autism spectrum disorder and other language delays (Sundberg 2008). The milestones assessment section of the VB-MAPP is used to determine an individual's current skill level. The results of the milestones assessment can be used to identify instructional goals and objectives. The **VB-MAPP** can be used for an individual of any **age** whose language skills are not commensurate with the language skills of a 4-year-old typically developing child.
- **AFLS (Assessment of Functional Living Skills)** is a criterion-referenced skills assessment tool, tracking system, and curriculum guide. AFLS is used for teaching children, adolescents, and adults with developmental disabilities the essential skills they need in order to achieve the most independent outcomes.
- **FBA (Functional Behavioral Assessment)** is a process that identifies a specific behavior that interferes with a student's daily activities. The assessment attempts to designate the particular behavior, identify the factors that support the behavior, and determine the purpose of the behavior. The process helps to create an intervention plan and steps that one can test to improve your child's situation.

Recommended Dosage of Treatment

Dr. O. Ivar Lovaas is a world-renowned autism expert who has devoted his career to improving the lives of children with autism and their families.

His Lovaas Model of Applied Behavior Analysis is based on 40 years of research and is backed by published studies showing half of children with autism who receive this intensive treatment become indistinguishable from other children on tests of cognitive and social skills by the time they completed first grade.

The one-on-one intensive behavioral treatment program is customized to meet the needs of each child and family served. We use his approach in determining the *dosage* for ABA therapy.

Based on the information received from the assessments, the following dosage will be recommended. It is important to note that hours may vary even within the recommended dosage area and will be at the discretion of the BCBA's overall assessment, parental availability, school schedules, etc.



Intensive Intervention: Goal domains include communication, adaptive/daily living, social, and maladaptive behaviors.

Focused Intervention: Goal domains are identified by collaboration between with the members of the treatment team (includes but is not limited to BCBA, parents/guardians, and other service providers).

Age/ Program	Mild	Moderate	Severe
2-4 Years Intensive	<ul style="list-style-type: none"> • 40 hrs/ wk • 20-30 goals 	<ul style="list-style-type: none"> • 40 hrs/ wk • 20-30 goals 	<ul style="list-style-type: none"> • 40 hrs/ wk • 20-30 goals
5-7 Years Focused Intensive	<ul style="list-style-type: none"> • 15-20 hrs/wk • 7-10 goal Focused 	<ul style="list-style-type: none"> • 25-40 hrs/wk • 30-40 goal Intensive 	<ul style="list-style-type: none"> • 25-40 hrs/wk • 30-40 goals Intensive
8+ Years Focused	<ul style="list-style-type: none"> • 10-15 hrs/wk • 7-10 goals 	<ul style="list-style-type: none"> • 10-15 hrs/wk • 7-10 goals 	<ul style="list-style-type: none"> • 10-15 hrs/wk • 7-10 goals <p>For intensive intervention, follow severe 5-7years treatment.</p>

Parental/Caregiver Involvement (Goals)

In compliance with your insurance companies, you are required to attend Parent Training at least 1 time per month. It focuses on teaching parents, teachers and other caregivers how to effectively decrease a child’s disruptive behavior and increase compliance and other appropriate behaviors.

You will also be assigned the goals of practicing the procedures you BCBA creates for skill acquisition and behavior modification in at least 7 opportunities per week. Failure to comply may result in changes to your child’s services.

Program Monitoring

Your child’s program will be monitored and updated weekly by their assigned BCBA. They will conduct:



- Weekly program review, updates and/or maintenance
- Weekly Supervision of program
- Parental consults (at the parent's request)

Skill Acquisition Program Information

The essential components of a skill acquisition plan include a description of the target skill being taught, materials needed for teaching, prompting strategies to be used, the consequences for correct or incorrect responding, mastery criteria, reinforcement strategies, and plan for generalization and maintenance.

Behavior Reduction Program Information

Our behavior reduction program is designed for those who engage in disruptive behavior in the home, school or community settings. This program involves the use of strategies to reduce maladaptive behaviors. Behavior reduction strategies, when implemented immediately after the problem behavior occurs, reduces the probability that the behavior will recur.

Antecedent Strategies

We use **Antecedent strategies** as part of each child's programs. These are preventive **strategies** that can be implemented in school, home or centers to reduce the occurrence of problem behavior. Fundamentally, these strategies focus on proactively modifying the environment to remove elements that may increase or trigger problem behavior by changing or controlling A (**antecedent**) i.e. environment or C (consequence), you can influence behavior.

IEP Support and Development

Behavioral Consulting staff are available to attend IEP meetings with the caregivers of our current clients in order to ensure the child is being educated in the Least Restrictive Environments, have appropriate 1:1 supports included in their IEP, and a BSP (Behavior Service Plan) that will ensure the child is successful academically, socially and emotionally.

