

ABA of North Texas Client Information

Client's Name _____

Date _____

Date of Birth _____

Phone _____

Disability _____

Email _____

Please answer the following questions to assist us in developing the best possible behavioral and educational programs for our clients.

1. What type of services are you interested in from ABA of North Texas?

Consulting

Direct Home Services

Direct Community Services

Direct Center Based Services

Functional Behavior Assessment & Behavior Intervention Plan

2. What do you see as the three most significant behavior or educational concerns for your child/client?

3. Considering the three most significant concerns listed above, what would you consider a successful outcome at the completion of services from ABA of North Texas?

4. What is the most critical of the behavior concerns listed above? Is this a new behavior? When did it first appear?

5. When and where do these behaviors occur?

7. What happens immediately following the behavior?

8. What do you or others do when these behaviors occur? What type of consequence or technique is currently used (successful or unsuccessful)?

9. How does your child/client respond to this technique?

10. What motivates reinforces and interests your child/client?

11. Have there been any major changes in the life of the child/client that may have a direct or indirect effect on the child's/client's behavior?

12. What do you enjoy most about your child/client?

13. Please list any serious illness your child/client has experienced, when the illness took place and results of the illness.

14. Please list any medications your child/client is currently taking. Are there any recent changes in medication?

15. Is your child/client on a special diet and if so why (identified allergies, improved behavior as a result of diet, religion).

Please add any other information you feel is important.

Name of person completing the form

Date

Relationship to child/client

