

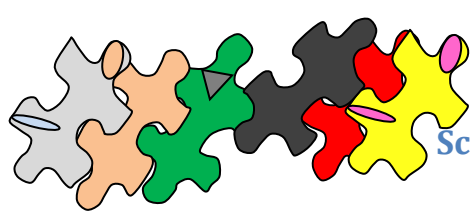
CHILD'S INFORMATION				
CHILD'S FIRST NAME:			CHILD'S LAST NAME:	
BIRTH DATE (MM/DD/YYYY):	AGE:	GENDER:	PHONE #:	DATE:MM/DD/YYYY

PARENT(S) INFORMATION				
MOTHER'S LAST NAME:		MOTHER'S FIRST NAME:		HOME PHONE #:
ADDRESS:		CITY:	PROVINCE:	POSTAL CODE:
EMAIL ADDRESS:		WORK PHONE #:		CELL PHONE #:
FATHER'S LAST NAME:		FATHER'S FIRST NAME:		HOME PHONE #:
ADDRESS (if different from above):		CITY:	PROVINCE:	POSTAL CODE:
EMAIL ADDRESS:		WORK PHONE #:		CELL PHONE #:
Child presently lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both				If not with whom:
Parents				

GUARDIAN'S INFORMATION (if applicable)				
LAST NAME:		FIRST NAME:		HOME PHONE #:
ADDRESS (if different from above):		CITY:	PROVINCE:	POSTAL CODE:
EMAIL ADDRESS:		WORK PHONE #:		CELL PHONE #:

CHILD PROFILE – please provide the following information about your child
Please describe how your child plays ( <i>Example: favourite activities, interactions with others, pretend skills ....</i> )

Where a question does not apply to the child please mark N/A.



## School-Age Behaviour Intervention Home-Based Therapy

Do you have any concern with your child's behavior? Please provide details:

Do you have any concern regarding your child expressive & receptive skills? How does he/she communicate?

Verbal    SIGN LANGUAGE    PECS    GESTURE    USE TECHNOLOGY    OTHERS (explain)

Does your child display repetitive action? (*Example:* hand flapping, etc.) Please provide details:

Do you have any concern regarding your child's fine & gross motor skills? Please provide details:

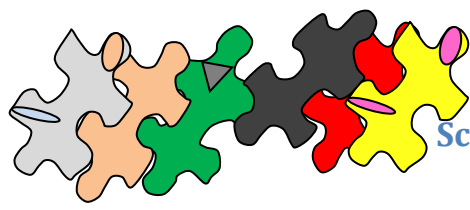
Do you have any concern with your child's social skills & life skills? Please provide details:

Please describe your child's strengths & abilities.

Is there any other information regarding your child that you feel is relevant? Please provide details.

Please indicate any medical conditions relevant to your son/daughter.

*Where a question does not apply to the child please mark N/A.*



List some potential reinforcements.

Is your child involved with any Consultant(s) at home or at school?

What are you hoping to achieve through our program? Please provide details.

**SCHEDULES (please indicate)**

Preferred Days

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Preferred Timing

- Morning
- Afternoon
- Evening

Other Request (if any)

**PAYMENT FORM**

Method of Payment:  Cheque     Cash (in person)     Money Order     Autism Funding

Cost \$35.00 /h + travel

**Note:** You can register either by Email [register@autismdrills.com](mailto:register@autismdrills.com) or fax: 778-593-2773 A confirmation will be provided by Email.