

Background Information Form
(children)

Please complete, scan (or take a picture), and email to sbh2329@gmail.com prior to our first appointment-thank you!

Form completed by: _____ about _____ (child)

Date completed: _____

Age of child: _____

Phone number (I will use for our phone sessions): _____

Email address: _____

Time Zone: _____

What do you wish to accomplish by working together?

What have you tried thus far to help make desired changes?

When did you first become aware that your child may be on the ASD spectrum?

How do you feel about their diagnosis?

Do they have a secondary diagnosis? (For example, ADD/ADHD, OCD...)

Has your child worked with a mental health professional, speech and language therapist (SLP), occupational therapist (OT), or physical therapist (PT) in the past? If so, how did it go?

Please send me psychoeducational/assessment reports on your child, if applicable:

Does your child take medication? If so, please list medications and why they take each medication.

How well does your child do in school? Academically and socially?

Do they have behavioral issues (home or school)? If so, please describe in detail.

How well do they relate to their peers?

Does your child seem happy and well-adjusted to you?

What are your child's sensory issues?

What is going very well in your child's life presently?

What are some of your child's strengths?

What type of feedback do you receive from teachers about your child?

How are your child's relationships with teachers, friends, and family?

What are your child's special interests or hobbies?

Does your child seem to have anxiety, or depression?

How is their sleep pattern?

Who is in your family is your child most like (mother, father, grandparent...)?

How would you describe your child's overall health (Inc. eating patterns, exercise etc.)?

Is there anything else that you would like me to know about your child or your family?