

BEHAVIORAL INTERVENTION ASSOCIATION

-APPLICATION FOR SERVICES-

Please print clearly

Child's Name:		DOB:	Date of Application:	
Gender (please circle): Male Female				
Parent's Name:		Level of Education Completed:	Occupation:	
Address:		City:	State:	Zip Code:
Home#:	Fax#:	Work #:	Cell#	
Parent's Name:		Level of Education Completed:	Occupation:	
Address:		City:	State:	Zip Code:
Home#:	Fax#:	Work #:	Cell#	
E-mail address:		E-mail address:		
Siblings Names/Ages:				
Specific Diagnosis:		Diagnostic Physician (name):	Date of Diagnosis:	
Referred to BIA By:		Caseworker Name/# (if Regional Center client)		

BIA has developed this set of questions in order to streamline intake information. Try to keep your answers brief and within the space provided.

Background Information

What types of services (therapeutic/educational) is your child currently receiving?

Type of classroom placement: # Hours: Provider:

Speech Therapy: # Hours: Provider:

Occupational Therapy: # Hours: Provider:

Other Services: # Hours: Provider:

What other types of programs/services have you investigated thus far?

What is your familiarity with intensive behavior modification?

What are your primary concerns regarding your child's development?

Developmental Information (Please give specific examples for each question)

• Play & Social Development

How does your child respond to affection?

Does your child make eye contact? If so, under what circumstances?

Does your child prefer to be alone or near others?

How does your child act around other children? (Please be specific)

What types of toys does your child prefer to play with? How are those toys used?

What type of activities does your child initiate during free time?

• Language Development

What type of speech and language does your child have? (E.g. babble, words, follows directions, etc.) (Please give examples describing behavior and setting)

What forms of non-verbal communication does the child use? (E.g. pointing, hand-led, mutual gazing, reaching, etc.) (Please give examples describing behavior and setting)

• General Development

What kind of activity level does your child have? (E.g. high, average, low)

Does your child have tantrums or cry often? (If so, please describe triggering events and how the behavior is handled.)

Does your child have unusual responses to noises, change in routine, pain, or have unusual fears? (If so, please explain behavior and circumstances)

• Other

How would BIA services be funded?

BIA thanks you for your cooperation. Please send this application to:

BIA
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