



MISSING LINKS Intake Form

Complete the form and submit

Please complete the information below to proceed with the intake process.

Student Name:

Student Date of Birth: Student Age:

D D M M Y Y

Guardian Name:

Phone:

Cell:

E-mail:

Business:



Date of Diagnosis: Funding Information Amount / Date:

Interventions to date: Current Educational Setting:

Medical Information

Yes Diagnosis

No

Allergies

Education Details

Strengths:

Needs:

Interests:

MISSING LINKS INTAKE



ACADEMIC/LEARNING SKILLS

- Uses 10+ words functionally
- Answers WH questions
- Plays with toys functionally
- Indep. with routines
- Knows numbers 1-10 + letters
- Attends to group lessons
- Attending to teaching in 1:1 settings
- Currently at age appropriate curriculum in school

BEHAVIOUR

- Waits without challenges
- Transition without challenges
- Hits
- Kicks
- Pinches
- Darts/Wander
- Flops
- Non - Compliance
- Crying/Tantrums

LIFE SKILLS

- Toilet trained
- Puts on shoes independently
- Dresses independently
- Washes hands with soap
- Brushes teeth
- Brushes hair
- Wipes face with wipes/towel
- Eats without making a mess

PROGRAM INTEREST

- Please highlight schedule of interest for ABA sessions (Mon-Fri 9-12 / 1-4 blocks)

Monday: AM / PM
Tuesday AM/ PM
Wednesday AM/PM
Thursday AM/PM
Friday AM/PM
- Full Day Programming