

Autism Advocacy Network Intake Questionnaire

Contact Information:

Name: _____ Age: _____ Address: _____
Name of Parent(s): _____ Phone: _____
_____ Email: _____

Background Information:

- 1. Please provide a brief description concerning the following:

Strengths

Interests

Communication Skills

Social Skill Development

Self-Regulation

Sensory Issues

Anxiety

2. What is your child's current placement? (regular class, self-contained)

3. Does your child have an IEP (Individual Education Plan)?

4. Please provide a brief history of your relationship with the school.

5. What is the presenting issue regarding your child?

6. Please explain your involvement with the school concerning this issue.

7. What would be the desired outcome for your child and family?
