

INSIDE OUT INC. APPLICATION FOR SERVICES

Return Application to:
Inside Out Early Intervention
P.O. Box 2268
Dublin, CA 94568

If you have questions regarding filling out this application, contact Michelle Lambert, Ph.D. at (925) 689-2378.

or

insideoutcorp@yahoo.com

Date: _____

PERSONAL INFORMATION

Child's Name: _____ **Age:** _____ **DOB:** _____

Parent(s): _____

Home Phone: _____ **Work Phone:** _____

Fax: _____ **E-mail:** _____

Address: _____

Siblings:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

How you heard of us/Referred by: _____

Child's Specific Diagnosis: _____

Diagnosed by: _____

Date Diagnosed: _____

BACKGROUND INFORMATION

1. What is your knowledge/familiarity of intensive behavior therapy? _____

2. What programs have you researched to date? _____

3. Please describe any speech services your child has received to date.

4. Describe any occupational services your child has received to date.

5. Is your child currently enrolled in a school setting? *No* _____ *Yes* _____

If yes, how many days per week?: _____ Hours per day: _____

Describe Placement: _____

6. Does your child have any other medical conditions? _____

7. Is your child on any restricted diets? _____

8. Is your child taking any medications/supplements? _____

9. What is your greatest concern at this time regarding your child?

SPEECH AND LANGUAGE INFORMATION

1. Describe your child's current level of expressive speech, providing examples. (E.g. none, babbles, single words, phrases, complete sentences, etc.)

2. Describe your child's understanding of language providing examples. (E.g. follows simple directions, can retrieve/point to single objects upon request, etc.)

3. Describe any forms of nonverbal communication your child uses, providing examples. (E.g. reaches for objects, hand leads you to objects, points to desired objects, etc.)

SOCIAL AND PLAY INFORMATION

3. Does your child make eye contact with you? If so, when does it occur?

4. Does your child play with toys? What type and in what way are the toys used? (Please provide examples)

5. How does your child act around other children? Around siblings? (Please provide examples)

6. What types of activities does your child enjoy doing in their free time?

BEHAVIORAL INFORMATION

1. Does your child participate in repetitive or ritualized activities? If so, please describe.

2. Does your child respond in unusual manners to any noises, textures, changes in routine, etc.? If so please describe, providing examples.

3. Does your child have tantrums or become upset easily? If so, please describe them including, what situations lead to such behavior and how long the behavior generally lasts.

***Thank you for your time and cooperation in completing this application form. Once we receive your application you will be placed on our waiting list. Once an opening becomes available you will be contacted by a representative of Inside Out, Inc.**