

# SHAPE THAT BEHAVIOR

by Sarin | Client intake

## Getting to know your child and family

Please complete what you can. Fields marked \* are especially helpful for the first conversation.

### CHILD / CLIENT INFORMATION

Child / client full name \*

Date of birth \*

Preferred name / pronouns (optional)

Age / grade

School / daycare (if applicable)

Languages used at home

### PARENT / CAREGIVER CONTACT

Parent / caregiver name \*

Relationship to child

Email address \*

Phone number \*

City / general area

Best way / time to contact you

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What support would be most helpful?

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## YOUR PRIORITIES

What behaviors or challenges would you like support with?

What would you like your child or family to be able to do more easily?

## CURRENT PATTERNS

When and where do these concerns usually happen?

What have you tried? What seems to help?

What are your child's strengths, interests, or favorite activities?

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## Planning next steps

### BACKGROUND (OPTIONAL)

Relevant diagnoses, evaluations, or supports you would like us to know about

Any safety concerns we should discuss before meeting? (e.g., running away, injury)

### SERVICES & AVAILABILITY

What are you interested in? Check all that apply.

- |                                                              |                                                         |
|--------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> One-on-one behavioral support       | <input type="checkbox"/> Caregiver coaching             |
| <input type="checkbox"/> Toilet training support             | <input type="checkbox"/> Assessment / behavior planning |
| <input type="checkbox"/> Not sure yet - I would like to talk |                                                         |

Preferred setting

- |                               |                                           |                                          |
|-------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> School / daycare | <input type="checkbox"/> Remote coaching |
|-------------------------------|-------------------------------------------|------------------------------------------|

Days / times that usually work for you

### FINAL DETAILS

Anything else you would like to share before we connect?

This form prepares us for a conversation; it is not consent for treatment.

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