



Social Thinking© Intake Form

Date Completing this Form: _____

Date Received in the Office (office use only): _____

Person/District/Agency Making the Referral (if applicable):

INDIVIDUAL'S INFORMATION

Individual's Name:	Age :	D.O.B.
Individual's Address:	Individual's Phone Number:	Individual's email:
Sex: Male _____ Female _____ Prefer not to answer _____	Name and contact information for any significant other or spouse.	

DIAGNOSIS INFORMATION

Does the individual have a diagnosis(es) and if so what? (please provide a copy of the most recent educational or vocational plan and the most recent evaluation)	When were any diagnoses made and by whom?
--	---

ADULT RELEASE OF INFORMATION FORM

Name (printed): _____

Date of Birth: _____

If the individual being referred is over 18 years of age and is his or her own guardian then they must complete and sign this form.

If the individual is 18 years of age or older and is not their own guardian please provide proof of guardianship when submitting this paperwork and the individual's guardian can sign this release.

I give permission for records to be released to Autism Behavioral Consulting for the person indicated above.

PLEASE COMPLETE ONE FORM PER PLACE

Name of person or agency

Address

Phone Number and Fax Number

This information may include verbal exchange of information, written information, and written reports to/from Autism Behavioral Consulting and to/from the released party indicated on this form.

Signature: _____

Date signed: _____

Social Thinking© Skills of Concern

(Check all that apply and rate the severity using the scale provided)

1	2	3	4	5	6	7
Normal: Not at All	Borderline Problem	Mild Problem	Moderate Problem	Marked Problem	Severe Problem	Most Extreme Problem
Place a rating number in this box if it is a concern	Social Skill of Concern			Place a rating number in this box if it is a concern	Social Skill of Concern	
	Listening during a conversation				Maintaining eye contact	
	Initiating with others				Solving problems and negotiating	
	Following instructions or rules				Giving or receiving help	
	Responding to teasing or bullying				Rigid thoughts or behaviors	
	Participating in a group				Difficulty understanding the opinions or experiences of others	
	Asking Questions when a situation is unclear				Asking for help or clarification is difficult	
	Tends to perseverate on a specific topic				Language is often "self focused"	
	Tardiness or communication with supervisors/bosses is a concern.				Communication is tangential (communication shifts topics frequently and egocentrically)	
	Has difficulty with written expression				Penmanship is messy/illegible or conversely overly perfectionistic	
	Friendships are superficial or the individual has very few friends				Organizational tasks are significantly impacted. Time Management and long-term planning are a concern.	
	Does not understand the "hidden" social rules				Difficulty understanding the emotions surrounding dating or interactions with a significant other	

Behaviors

Please check any behaviors that describe yourself.

Motivated

Anxious

Externally Distracted

Impulsive

Aloof/internally distracted

Rigid (my way or the highway thinking is prevalent)

Oppositional

Verbally aggressive to peers or other adults (describe)

Withdrawn

Physically aggressive

Additional information about the behaviors indicated above:

What are your current concerns about your performance or abilities at school and/or work?

What are your current concerns about your performance or abilities at home?

Describe your strengths:

Additional Information you would like us to know:

WHEN THIS FORM IS COMPLETED PLEASE EMAIL OR MAIL IT TO AUTISM BEHAVIORAL CONSULTING AND SCHEDULING OF THE INTAKE ASSESSMENT WILL BE INITIATED

Autism Behavioral Consulting, LLC
1105 W. Russell St., Sioux Falls, SD 57104
605-351-1002
FAX: 605-271-3956
info@abc-autism.com
www.abc-autism.com