

Brighter Horizons, Inc  
PO Box 848185  
Pembroke Pines, FL 33024  
954-394-4883

Child's name \_\_\_\_\_

Parent's names \_\_\_\_\_

Parent emails \_\_\_\_\_

Person responsible for bill payment \_\_\_\_\_

Address \_\_\_\_\_

Phone  
Numbers \_\_\_\_\_

Child's birthdate \_\_\_\_\_ Chronological age \_\_\_\_\_

School placements \_\_\_\_\_

Current Service Providers (speech, OT etc.) \_\_\_\_\_

Please take some time to fill out the following questions so that I have some information to help me start working with your child.

1) What initial symptoms made you suspect that your child needed an assessment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What interventions or therapies has your child been involved in thus far?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What would you like to see your child accomplish by receiving applied behavioral analysis services from Brighter horizons, Inc.

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4) What are your child's strengths (thing he or she does well)?

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5) What are your child's deficits (things he or she has difficulty doing)?

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6) What tangible reinforcers (toys, food, bubbles, etc) does you child like?

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7) What social reinforcers (hugs, tickles, being picked up) does your child like?

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8) Does your child have any allergies or medical concerns that I should know about?

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9) How does your child currently communicate with you? (Pulling you, crying, talking etc.)

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11) What does your child do when an adult is not engaging them?

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12) Is there anything else you would like me to know about your child?

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