

Behavior Therapy Intake Form

What led to you seeking Behavior Therapy for your child? _____

What does the behavior look/sound like? _____

Behavioral Issues

Please complete the chart below for each behavior of concern listed.

	Aggression to Others	Self-Injury	Eating/Feeding Issues	Non-compliance	Property Destruction	Escaping	Acting Out
Where does behavior occur?							
People there when it occurs?							
What time of Day/Routine?							
How often does the behavior occur?							

Are there any warning signs that the child displays that let you know the behavior(s) might occur (e.g. changes in mood, pacing, appears agitated, etc.)? _____

What tends to trigger the identified behavior(s)? What is typically happening when the behavior(s) occur?

What would you like to see happen in place of the behaviors described above?
