

Behavioural Coaching Background and Referral Form

1. Contact Information

Name of person completing this form:

Relationship to the individual seeking services:

- ☐ Self ☐ Parent ☐ Guardian
☐ Caregiver ☐ Other: _____

Email address:

Phone number:

Preferred method of contact:

- ☐ Email ☐ Phone

2. Client Information

Client's name:

Age:

Date of birth:

Pronouns (optional):

City / area of residence:

3. School / Daytime Placement

Is the client currently attending school, college, university, employment, or another daytime program?

- ☐ Elementary school ☐ Secondary school
☐ College / university ☐ Employment
☐ Day / community program ☐ Homeschool
☐ Not currently attending a school/program ☐ Other: _____

Name of school / program, if applicable:

Current grade or program:

Current classroom placement, if applicable:

- ☐ General education classroom ☐ General education with additional supports
☐ Specialized classroom / program ☐ Alternative education program
☐ Other: _____

Are there currently any school-based supports in place?

- ☐ Yes ☐ No ☐ Unsure

If yes, please describe relevant supports, accommodations, IEP goals, educational assistants, or other services:

4. Previous and Current Services

Has the client previously received Applied Behaviour Analysis (ABA) or behaviour analytic services?

☐ Yes, currently receiving services

☐ Yes, previously

☐ No

☐ Unsure

Approximately when were services received?

What type of ABA or behaviour support was provided?

☐ 1:1 ABA intervention

☐ Parent / caregiver coaching

☐ Behaviour consultation

☐ Social skills / group programming

☐ School-based ABA support

☐ Intensive behavioural intervention

☐ Other: _____

What goals were previously addressed?

What strategies or supports were particularly helpful?

Were there any strategies, approaches, or services that were not helpful or that you would prefer not to use again?

Is the client currently receiving support from any other professionals?

☐ Behaviour Analyst

☐ Psychologist

☐ Occupational Therapist

☐ Speech-Language Pathologist

☐ Social Worker

☐ Psychotherapist / Counsellor

☐ School-based professionals

☐ Other: _____

☐ None currently

Please provide any additional information you feel would be helpful:

5. Reason for Referral

What prompted you to seek behaviour coaching at this time?

What are the biggest challenges currently affecting day-to-day life?

Where are these challenges occurring? Select all that apply.

☐ Home

☐ School

☐ Work

☐ Community

☐ Social situations

☐ Extracurricular activities

6. Areas of Support

Which areas would you be interested in working on? Select all that apply.

- | | |
|---|---|
| ☐ Executive functioning | ☐ Getting started on tasks / task initiation |
| ☐ Planning and organization | ☐ Time management |
| ☐ Building routines | ☐ Following through with responsibilities |
| ☐ Independence / daily living skills | ☐ Emotional regulation |
| ☐ Coping with frustration | ☐ Flexibility and adapting to change |
| ☐ Problem solving | ☐ Decision making |
| ☐ Communication skills | ☐ Self-advocacy |
| ☐ Social skills / social interaction | ☐ Friendship or relationship skills |
| ☐ Perspective taking | ☐ School participation |
| ☐ Homework / study habits | ☐ Work / employment skills |
| ☐ Other: _____ | |

What is your main reason for seeking out ABA coaching services?

7. Strengths and Interests

What are some of the client's strengths?

What activities, interests, hobbies, or topics are particularly motivating or enjoyable for the client?

What tends to help the client feel successful, comfortable, or engaged?

8. Communication and Learning Preferences

How does the client primarily communicate?

- | | |
|--|--|
| ☐ Spoken language | ☐ AAC device |
| ☐ Written communication | ☐ Combination of methods |
| ☐ Other: _____ | |
| ☐ Sign language | ☐ Gestures/ Word Approximations |

Are there any communication, sensory, learning, accessibility, or environmental considerations I should know about?

9. Safety and Behaviour Considerations

Are there any behaviours or safety concerns that would be important to discuss before beginning services?

- ☐ No ☐ Yes

If yes, please briefly describe:

Are there any current concerns related to aggression, self-injury, elopement / wandering, property destruction, or another behaviour that could create an immediate safety risk?

☐ No

☐ Yes

If yes, please provide additional information:

10. Service Preferences

Preferred format:

☐ In-person

☐ Virtual

☐ Combination of in-person and virtual

☐ No preference

General availability:

Consent to Contact

Clinician referral: by submitting this form, I confirm I have consent from the family/caregiver to submit this form on their behalf. I consent to being contacted regarding this referral.

Self Referral: By submitting this form, I consent to being contacted regarding my referral and potential behaviour analytic services.

☐ I agree