



Welcome to Creative Connections, LLC. I am excited to share my experience with you and help cultivate the behavioral changes you are seeking for yourself or your loved one. With over 20 years of experience in the field of Applied and Clinical Behavior Analysis, I can provide interventions to support growth and change that is functional and feasible to implement in your daily life and routines. I am happy to provide you with recommendations from families, agencies, and individuals I have worked with upon your request.

There are several forms and policies that you should be aware of prior to starting services. Please feel free to ask me any question you have via email or phone.

I am excited to begin services with you!

Sincerely,

Lindsay Olsen

CONTACT INFORMATION:

(208) 631-0747

Lindsay@creativeconnectionsbx.com



Instructions

Below is a checklist of items that need to be signed and submitted before the assessment and intervention process can begin. Please return this signature page with your completed packet.

Intake Assessment _____

Mandatory Consent Packet _____

COVID 19 consent _____

Completed by:	
Signature	
Date:	



PARTICIPANT INFORMATION

NAME:	DOB:
PARENT/GAURDIAN NAME *(if under the age of 18):	ADDRESS:
PHONE:	EMAIL:

RELEVANT BACKGROUND INFORMATION

Documented diagnosis/es	
Current medication	Please include reason for medication, and current side effects.
Supervising physician	Who monitors your medication and how often do you see them?
Medical Conditions (**please not any additional medical conditions)	
Funding source	MEDICAID/ PRIVATE INSURANCE/ PRIVATE PAY/ OTHER



FUNCTIONAL ASSESSMENT

<p>History of interventions (**what services have you accessed and for how long?)</p>	
<p>Outcome of previous interventions</p>	

BEHAVIOR SCREENING

<p>Prioritized behavior(s) of concern</p>	<p>Behavior 1: Most concerning Describe the behavior of concern?</p> <p>When does it usually happen- what makes it start?</p> <p>What do you or others do in response to the behavior?</p> <p>Do other smaller/ less disruptive behaviors happen before this behavior?</p>
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	<p>Do other people, in other environments (school, sports, friends, caregivers) experience this behavior as well?</p>
	<p>Behavior 2: Describe the behavior of concern?</p> <p>When does it usually happen- what makes it start?</p> <p>What do you or others do in response to the behavior?</p> <p>Do other smaller/ less disruptive behaviors happen before this behavior?</p> <p>Do other people, in other environments (school, sports, friends, caregivers) experience this behavior as well?</p>
	<p>Behavior 3: Describe the behavior of concern?</p> <p>When does it usually happen- what makes it start?</p>

	<p>What do you or others do in response to the behavior?</p> <p>Do other smaller/ less disruptive behaviors happen before this behavior?</p> <p>Do other people, in other environments (school, sports, friends, caregivers) experience this behavior as well?</p>
<p>Communication review</p>	<p>How does person communicate with you in following situations:</p> <p>When in pain/ill/extremely stressed?</p> <p>When doesn't like something?</p> <p>When wants something or someone?</p>
<p>What is important</p>	<p>Activities, people, places, hobbies, interests</p> <p>Things like to do with other people.</p> <p>Things likes to do alone.</p>
<p>Daily routines</p>	<p>What is typical routine during the week (Mon-Fri)</p>

	<p>During weekend (Sa-Su)</p> <p>What parts of the routine does person enjoy?</p>
<p>Strengths</p>	<p>List 5 words that describe best qualities or strengths.</p>
<p>Current support system</p>	<p>Who is in your support system?</p>
<p>Goals</p>	<p>What are your top 3 expectations for therapy? What do you want to see happen in the next 6 months to 1 year?</p>
<p>Additional Information</p>	<p>Anything else you want me to know?</p>