



Parents and educators frequently ask if a child would benefit from receiving applied behavior analytic services. In order to answer this question, we would need to do a whole assessment. However, we don't want to assess children unnecessarily. A screening parent questionnaire and clinical observations allow us to ascertain whether a child would benefit from a full occupational therapy assessment.

Student's name:	Age/grade:
Date:	Parent's name:
School:	

Applied Behavior Analysis Parent Screening Questionnaire

1. Does your child effectively communicate his/her wants and needs?	Yes	No
2. Does your child demonstrate interest in peers?	Yes	No
3. Is your child able to complete age appropriate daily living tasks (ex. toileting, dressing, tooth brushing, etc.)?	Yes	No
4. Is your child able to navigate his/her daily environments with age appropriate independence?	Yes	No
5. Does your child imitate sounds, motions, or tasks that they see other people engage in?	Yes	No
6. Is your child able to make a meaningful choice between objects/activities?	Yes	No
7. Is your child able to transition between activities without engaging in challenging behaviors?	Yes	No
8. Is your child able to tolerate waiting without engaging in challenging behaviors?	Yes	No
9. Is your child able to maintain safety outside of your home in the community?	Yes	No
10. Is your child able to play meaningfully with toys?	Yes	No
11. Do you consistently have concerns about your child's behavior?	Yes	No
12. Is your child able to tolerate sudden changes to their daily routine?	Yes	No
13. Does it ever seem like your child is engaging in challenging behavior because s/he does not understand what is being asked of him/her?	Yes	No
14. Are there places you cannot take your child because you are concerned about their behavior/safety?	Yes	No
15. Does your child experience positive peer interactions?	Yes	No



Additional thoughts if needed:

This information will be used, along with clinical observations, to determine if an ABA assessment would be beneficial for your child. If you have any questions or concerns, please feel free to contact me.

Thank you,
Caitlin Coleman, M.S., BCBA

Deborah Guarino, OTR/L 603-988-6626
Caitlin Coleman, M. S., BCBA 603-770-0102
55 Main Street Unit #413 Newmarket, NH 03857 Fax: 603-899-7732
Emails: deb@seacoastkeystonetherapy.com caitlin@seacoastkeystonetherapy.com
website: www.seacoastkeystonetherapy.com