CENTER FOR DEVELOPMENT & DISABILITY

Parent Home Training (PHT) and Project ImPACT
Family Intake Form

Child's Name: ___________________ **Language(s):** ___________________________

Current Interests:

What do you hope to learn from PHT?:

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What does your child enjoy? What is important to your family?

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What works well for your family right now? (Check all that apply)

☐ Toileting ☐ Sleep/bedtime ☐ Eating

☐ Transitions ☐ Play ☐ Communication

☐ Community ☐ Understanding challenging behaviors

☐ Daily living activities (e.g. bathing, teeth brushing, etc).

Other: ____

What is challenging for you and your child right now? (Check all that apply):

☐ Toileting ☐ Sleep/bedtime ☐ Eating

☐ Transitions ☐ Play ☐ Communication

☐ Community ☐ Understanding their challenging behaviors

☐ Daily living activities (e.g. bathing, teeth brushing, etc).

Other: ____

What are your long-term hopes for your child and your family?

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Family History

Who lives in your child's home?

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Does anyone else provide care for your child often?

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Has your child had any family changes recently?

Adoption	Y	N	Moving	Y	N
Serious illnesses	Y	N	Domestic Violence	Y	N
Foster Care	Y	N	Divorce	Y	N
Remarriage	Y	N	Substance Abuse	Y	N

Does anyone in your child's immediate family have any developmental disabilities?

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Does anyone in your child's immediate family have any mental health conditions?

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Current Services

Does your child receive any educational or therapy services?

Early intervention program Y N School program Y N

If "yes", what services does your child receive and how often do they receive them?

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Medical Concerns

Does your child have any other medical diagnoses? If "yes", please list.

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Does your child take any medication? If "yes", please list.

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Has your child ever had any of the following?

Hospitalization	Y	N	Seizures	Y	N
Allergies	Y	N	Significant Illness	Y	N
Injuries	Y	N	Vision problems	Y	N
Hearing problems	Y	N	Sleeping problems	Y	N
Eating problems	Y	N			

Please describe any "Yes" answers below:

____

____

Please send or scan and email your completed application to:
University of New Mexico HSC
The Autism Programs Center for Development and Disabilities' Division
Parent Home Training Program
2300 Menaul Blvd. NE
Albuquerque, New Mexico 87107

Please send this application back as soon as possible so we can add your family to the waitlist for Parent Home Training and/or Project ImPACT.

If you have any questions, please contact Sylvia J. Acosta, PhD:
Phone: (505) 272-4725; Email: SyAcosta@salud.unm.edu

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