Intake Report (Assessment)

***Directions****: For this course you will select a new (real or hypothetical) client with whom to complete the intake and program development process. You will be learning about practicing components of the process throughout the course and receiving feedback along the way. You will be asked to complete this assessment throughout the course, as you learn more about each topic area. When completing this assessment you are welcome to use components that you created on prior assessments as well as materials that have been provided to you in the class. However, please do not seek outside assistance, collaborate with other students, or use resources from the internet.*

**List Identifying Information (12 components):**

*Feel free to skip this section if you are unsure what goes here and/or copy and paste from your previous work in this course.*

**Client’s name:** John Ralphio

**Birth date:** 03/09/2010

**Age:** 10

**Gender:** Male

**Parents’ names:** Jane Ralphio (mother), Mike Ralphio (father)

**Phone number:** 609-123-4566

**Email:** Jane\_Ralphio@gmail.com

**Address:** 678 Mountain Road, Colorado Springs, CO 81234

**Funding:** TriWest Insurance Company

**Current diagnosis:** Autism

**Date of assessment:** 25/10/2018,27/10/2018, 28/10/2018, 31/10/2018

**Behavior analyst’s name:** Sheri Kingsdorf

**Describe Referral Information (3 components):**

**Source of referral:** The mother reported that their pediatrician recommended that they seek behavioral services, they were then referred by their TriWest Insurance Coordinator.

**List of all behaviors referred for and any additional/different behaviors for intervention:** John Ralphio, age 10 years, has been diagnosed with autism. Alan Sharp of the TriWest Healthcare Alliance®, Extended Care Health Option (ECHO) Program, referred John for a behavior assessment.  
  
Mrs. Ralphio, John’s mother, requested this evaluation due to John’s increasing level of noncompliance and lack of appropriate communication skills. These behaviors are most present in the school setting. Currently, John is at risk of being removed from his current school placement. If this occurs, the mother is not sure where John will attend school. Additionally, his mother stated that she would like the intervention to address decreasing the aberrant behavior of property destruction that she occasionally sees in the home setting. She also reports concerns associated with the absence of self-management skills (possibly across home and school environments). These areas will be described in the following report.

**Description of the Indirect Assessment Process (3 components):**

**Dates of interviews and observations, time, location:** An interview with mother and an initial observation of John in the home environment occurred on the 6th of November, 2018. School assessments and additional observations were also conducted, on the 8th, 10th, and 12th of November.

**Indirect (functional) assessment method(s) used:** Hanley’s Open Ended Functional Assessment Interview form was used (in addition to basic interview questions). The functional analysis screening tool (FAST) was also used. Both tools were used in the home and school settings.

**Background Information (13 components):**

The following information was collected via indirect assessment, as reported by a caregiver.

**General strengths and deficits:** The mother and teacher both reported that John enjoys, and excels at, physical activities (e.g., basketball). They share concerns about John’s compliance with single and multiple step directions and self-management skills.

**Communication (speaker and listener):** It is reported that John can follow multiple step directions when they are presented in the context of preferred physical activities. However, he struggles with complying with even single step directions in non-preferred/academic/adaptive skill demands. John can mand (request) and tact (label) using simple sentences. However, both the mother and the teacher report that John does not initiate conversations with others, although he will usually respond to basic intraverbals (questions).

**Self-help/adaptive skills:** It is reported that John is typically provided with a lot of support (e.g., broken down directions, frequent reminders, differing levels of prompts) during adaptive skill demands.

**Motor:**  John’s gross motor skills are reported as being developmentally appropriate. However, his fine motor skills (e.g., component skills related to writing, coloring, cutting) are delayed. John will often be noncompliant when presented with a task demand that requires fine motor activity.

**Academic:** John’s academic skills are reported as being developmentally delayed. He receives support for all academic subjects via the resource room in the school setting. John receives one-on-one support during homework assignments. He is attending an inclusive classroom in his local public school. John’s curriculum is modified, but not necessarily individualized. Due to his noncompliance with academic tasks assessment of his academic capabilities has been difficult.

**Play:**  It is reported that John does not engage in play activities, such as those involving: music, pretend play, or arts and crafts. He does engage in play activities such as: basketball, football, trampolining, and sometimes dance. However, his interactions with others even during these preferred activities are usually parallel and not reciprocal.

**Social:** It is reported that John plays functionally with other children when it is a preferred activity, usually a physical activity. However, occasionally he will become noncompliant when having to wait or take a turn. When other children initiate with John during a non-preferred activity, typically John will ignore them or lightly push them away.

**Other:** Both the mother and the teacher report that when John begins ignoring a task demand, or social initiation, it can be difficult to get him to comply again, even with a different task demand. However, when given a direction related to a gross motor movement transitioning out of the noncompliance can be more successful.

**Living situation and family history:** John lives in Colorado Springs, Colorado, with his mother, father, maternal grandmother, and two younger sisters (twins, four years old).

**School/day program placement and history:**  John is attending an inclusive classroom in his local public school. He receives support throughout the day in the resource room. He does not have one-on-one support assigned to him in the classroom. However, there is a paraprofessional in the classroom that provides support to all students, as needed.

**Medical history:** John received a diagnosis of autism at the age of six. He is not currently taking any medications.

**Language and culture:** English is the main language spoken in the home. However, the maternal grandmother and mother occasionally speak Spanish to one another.

**Previous or concurrent interventions:** John and his family have received respite services in the home periodically over the last four years. An assessment was recently conducted by a speech-language pathologist (SLP). However, services have not yet started. They have never received ABA (or behavioral) services in the home or the school setting.

**Preferences (3 components):**

The following information was collected via indirect assessment, as reported by a caregiver. A preference assessment checklist was used.

**List of potential reinforcers:** The mother and teacher report that John likes items that involve movement, such as: balls, trampoline, swings, slides, and chasing/being chased. John also likes most food items and drinks.

**Challenging Behavior Report Components**

*A certain number of specific components are expected in each of these areas. Do your best to complete each component.*

(Please protect client information by using pseudonyms throughout.)

**Functional Assessment for Behavior One (14 components):**

**Behavior one:**  Non-compliance in the academic setting

**Description of problem behavior (operational definition):** Doing something other than a given direction; not engaging in the behavior specified in the direction within 10 seconds of being given the direction; engaging with materials in a way other than what aligns with the expectation (e.g., swiping materials to the floor when they should be on the desk, putting head down on the desk when head should be up and attending to task/person, or not responding to the comment/statement of another person).

**History of problem behavior:** The mother and teacher report that the behavior of

non-compliance has been going on for a long time. They report that within the last 6

months it has become more intense, now including some property destruction.

**Baseline data (direct data collection):** During the three intake observations in the school setting the behavior of non-compliance with directions was observed as occurring an average of 5 times during a one hour observation (range 4-6).

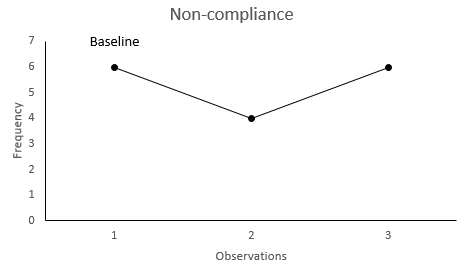


Figure 1.

*Figure 1.* The frequency of non-compliance with instructions presented in the school setting during 1 hour observations.

**Antecedents likely to trigger/precede problem behavior:**  Common antecedents to the challenging behavior were identified as being given an instruction or prompt to work in a group setting.

**Consequences likely to support/follow the problem behavior:**  Common consequences which seem to follow the challenging behavior were identified as having the work requirement/task demand verbally terminated or being left alone to engage in another behavior (without the continued presentation of attention, corrections, or new directions).

**Hypothesized function the behavior serves for the client:** Based on the data collected using the functional assessment parent interview, FAST, structured ABC form, and trial-based functional analysis, it is hypothesized that the function of the problem behavior is escape or avoidance of task demands, and therefore maintained by social negative reinforcement.