Thank you for reaching out. This form helps me understand your family's situation so I can give the most useful support. Please answer as honestly as possible – there are no right or wrong answers or judgments. Skip any question that does not apply.

About You (Parent/ Caregiver)

Your Name _____ Pronouns _____

Your relationship to the person you are seeking support for

Contact email _____ Contact Phone _____

Preferred contact Method

□Email □ Phone □Text

Emergency Contact (If different from above) _____

About Your Child/Family Member

Their Name _____ Their Pronouns _____

Their Age _____ Age at Diagnosis (if applicable) _____

DIAGNOSIS

□ Formally diagnosed with Autism Spectrum Disorder

□ Awaiting Assessment

□Exploring the possibility

□Other:_____

OTHER DIAGNOSES OR CONDITIONS

CURRENT PROFESSIONALS

HOW DOES YOUR CHILD/FAMILY MEMBER COMMUNICATE: (CHECK ALL THAT APPLY)

□ Spoken Language

□ Picture Exchange/ visual supports

□ AAC device or app

□ Gestures and body language

□ Sign language

□ Typing/Writing

Other:_____

CURRENT SITUATION

WHAT IS GOING WELL RIGHT NOW? WHAT ARE YOUR CHILD'S STRENGTHS, ITERESTS, AND THINGS THEY LOVE?

WHAT ARE THE BIGGEST CHALLENGES YOUR FAMILY IS FACING RIGHT NOW?

WHAT SUPPORT IS YOUR FAMILY MEMBER CURRENTLY RECEIVING?

DOES YOUR CHILD HAVE AN IEP OR 504 PLAN?

□ Yes □ No □ Not Sure □Not applicable

WHAT ARE YOU LOOKING FOR?

WHAT ARE YOU HOPING COACHING WILL HELP WITH? (Check all that apply)

□ Understanding my child's autism better

□ Preparing for transitions

□ Navigating the school system (IEPs etc.)

□ My own wellbeing and caregiver burnout

□ Managing Meltdowns, and behavioral challenges

□ Family dynamics

□ Supporting my family member's communication

□ Finding the appropriate professionals & services

□ Helping with daily routines and independence

□ Learning diversity-affirming approaches

□ Other:_____

IS THERE ANYTHING YOU TRIED THAT DID NOT WORK, OR THAT Y YOU WOULD LIKE

ME TO AVOID?

IS THERE ANYTHING ELSE YOU WANT ME TO KNOW?

ABOUT YOUR FAMILY

WHO LIVES IN YOUR HOUSEHOLD?

_____

SIBLINGS' AGES (IF ANY)

YOUR CURRENT STRESS LEVEL (BETWEEN 1 AND 10):_____

ARE YOU CURRENTLY RECEIVING ANY SUPPORT FOR YOURSELF?

IS THERE ANYTHING THAT YOUR FAMILY'S CULTURAL BACKGROUND, VALUES, OR BELIEFS THAT WOULD BE IMPORTANT FOR ME TO UNDERSTAND?

_____

_____

_____

_____