**Behavior Screening Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child Information | | | | | | | |
| Today’s Date | |  | Person making Referral | |  | | |
| Child First, Middle, Last Name | | |  | | | | |
| Child Age |  | | Date of Birth |  | | MRN |  |
| Current Diagnosis of Autism | Yes  No | | Estimated Intellectual Ability | Above Average | | Average to Below Average | Intellectual Delay |

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| --- | --- | --- | --- | --- | --- |
| Communication | | | | | |
| How would you best characterize the child’s communication skills? | | | | | |
|  | Sign Language |  | Augmentative Device |  | Picture System |
|  | Makes sounds |  | Uses single words |  | Speaks in sentences |

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| --- | --- | --- | --- | --- | --- | --- |
| **Problem Behavior** | | | | | | |
| **Which behaviors are problematic for the family and/or child:** | | | | | | |
| Hurts Others (e.g., hitting, scratching, pushing, kicking, biting, slapping) | | | | | | |
| Destructive Behaviors (e.g., breaking/throwing items; kicking furniture/walls; slamming doors) | | | | | | |
| Tantrums (e.g., crying, screaming, yelling, falling to the floor) | | | | | | |
| Inappropriate language (e.g., swearing, saying hurtful things, threatening/teasing others, calling names) | | | | | | |
| Noncompliance (doesn’t follow directions) | | | | | | |
| **Are any of the below behaviors of concern:** (check all that apply) | | | | | | |
| Hurts Self (self-injurious behavior) | | | Runs away in the community | | Covert behaviors (stealing/lying) | |
| Inappropriate Sexual Behaviors | | | Plays with feces | | Eats non-food items (Pica) | |
| **Has anyone (including the child) gotten hurt as a result of these behaviors?** (e.g., breaking skin, bruising, swelling, broken bones) | | | | | Yes  No | |
| **Behaviors of Concern Occur in Which of the Following Settings: (check all that apply)** | | | | | | |
|  | In the Home |  | | At School |  | Out in the Community |
|  | | | | | | |
| Other Services Wanted: | |  | | Psychiatric Medication Consultation |  | Speech |

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| **Other Concerns of Note/Helpful Information to Inform the Referral? (Continue on back)** |
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**Thank you for taking the time to complete this information!**