



EMBRACE
THE JOURNEYS

Intake Assessment

Treatment History:

Early Intervention Services:

<u>Treatment Type</u>	<u>Agency</u>	<u>Provider Name</u>	<u>Dates of Services</u>	<u>Phone Number</u>

Other Therapies:

<u>Treatment Type</u>	<u>Agency</u>	<u>Provider Name</u>	<u>Dates of Services</u>	<u>Phone Number</u>

How do you interact with your child's providers? (call, in person, only talk to them when I know what I need, etc)

Educational History:

<u>School Name</u>	<u>Dates Attended</u>	<u>IEP?</u>	<u>IFSP?</u>	<u>504?</u>	<u>ASD School Eval</u>