AUTISM TRAINING
and Technical Assistance Project

Sample Intake Questionnaire

General Information

Your Name: _____ Date: _____

Age: _____ Date of Birth: _____

Home Address (street, city, state, zip code): _____

_____

Phone: _____ Email: _____

Family Contact Information

Name: _____ Contact Information: _____

Do we have permission to contact your family? **Y N** *(If yes, sign a release form)*

Did anyone help you with this form? **Y N** If so, who? _____

Educational Background

Which high school did you attend? _____ City: _____ State: ____

Graduation Year: _____ Diploma or GED? _____

ACT or SAT Scores: _____ Verbal: _____ Quantitative: _____ Writing: _____

Advanced Placement courses and scores: _____

Were you in Special Education: **Y N IEP or 504 Plan**

If yes, please list accommodations used in high school: _____

_____

Case Manager Name: _____ Email: _____

Do we have permission to speak with this individual? **Y N**

Do you have a Department of Rehabilitation (DRS) Sponsorship? **Y N**

If you are requesting accommodations, what is your disability? _____

How do you see the disability impacting you in this setting? _____

What accommodations are you requesting? _____

Are you a transfer student? **Y N**

Other colleges you attended:

Program name and address: _____

Dates attended: _____ Degrees or certificates received:_____

icsps

Illinois Center for Specialized Professional Support,
Illinois State University, College of Education

Adapted from: College Program for Student with Asperger Syndrome (CPSAS), at Marshall University (2007) & Wolf, L.E., Brown, J.T., & Bork, G.R.; (2009). Students with Asperger Syndrome: A guide for College Personnel. AAPC, Shawnee Mission, K.S.

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Current School Information
College or University Name: _____
City: _____ State: _____
Student ID Number: _____ Degree Program: _____ Major: _____
Year: *circle one* **Freshman Sophomore Junior Senior Graduate**
Academic Standing: *circle one* **Good Academic Warning Probation Suspension**
Academic Advisor's Name: _____ Phone #: _____
Advisor's Email: _____
Do we have permission to contact your advisor? **Y N** *(If yes, sign a release form)*

Campus Life Information:
Do you live on campus now? **Y N**
Name of residence hall or housing: _____
Type of room? **single or suite** Do you have roommates? **Y N** If yes, how many? _____
How is your relationship with your roommate? **cordial tolerant friendly not good**

Off-Campus Residents
Do you live: **at home with family off campus apartment Is it shared or alone?**
Other living situation? *Explain* _____
Are you having difficulties in your current living arrangement? **Y N**
If yes, explain: _____
Living Style
Please explain your lifestyle and habits (privacy needs, personal space needs, neatness, etc.):
_____

Dining
Are you on a meal plan? **Y N** Which plan? _____
Do you know where the dining hall is for your residence? **Y N**
Please explain any food preferences or needs? _____

Student Activities
Are you a member of any groups or organizations on campus? **Y N**
If yes, list any: _____
What is your role? _____
Would you like help in locating groups or activities matching your interests? **Y N**

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Tutoring

Do you have tutors for academic subjects? **Y N**

If yes, please list subjects and tutor location: _____

Do you need help finding tutors? **Y N**

Judicial or Disciplinary Actions

Are you involved in any judicial actions now or have you been in the past? **Y N**

If yes, please explain: _____

Are you aware of situations that couple make you uncomfortable or have in the past you'd like to discuss with someone? *(example: bullying or drug use)* _____

Personal Care

Have you located the laundry rooms? **Y N** Do you know how to use the machines? **Y N**

Are you comfortable with the restroom and shower facilities at your residence? **Y N**

Do you know important phone numbers or how to reach these people:

Doctor: _____ Family member: _____

Friend: _____ Other: _____

Transportation:

How do you plan to get to and around campus? _____

How do you plan to grocery shop or do other shopping?

_____

Do you get turned around or lost easily? **Y N**

In what ways might you need help? _____

Do you use a map app? **Y N** *If yes, which one:* _____

Walk

Do you know the route between your residence and the academic buildings? **Y N**

Are you comfortable walking at night? **Y N**

Bicycle

Do you know where the bike racks are located throughout campus and at your residence hall? **Y N**

Do you have a chain lock? **Y N**

Car

Do you have a car with you on campus? **Y N**

Public Transportation

Are you familiar with the public transportation system? **Y N**

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Will you the bus system? **Y N** Will you use the train system? **Y N** Will you use the campus shuttle? **Y N**

Please tell us about your main disability and how it impacts you: _____
_____
When were you first diagnosed? _____
Date of your most recent assessment/evaluation: _____
Who completed the assessment (attach reports): _____
How are you impacted by your disability?
At home: _____
At work: _____
At school: _____
With friends: _____

Do you have other health issues or medical conditions? **Y N**
Please share any information as to how these other health conditions might affect you:
_____
_____
Do you see a medical doctor or other health care professional for any conditions? **Y N**
Have you been treated for any mental health conditions such as anxiety or depression? *If yes, provide details:* _____
Physician or Therapist name: _____ Phone #: _____
Email: _____
Do we have permission to speak with this individual? **Y N (***If yes, sign release form)*

Please list any medications:

_____ _____
_____ _____
_____ _____

Are your prescriptions up to date? **Y N**

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