



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: _____



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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 use 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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