



**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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