

Grace Path Autism Coaching

Parent / Family Intake Form

This form helps me understand your family's strengths, needs, and goals so our coaching time can be meaningful and supportive.

Parent / Caregiver Information

Primary Caregiver Name: _____

Relationship to Child: _____

Email: _____

Phone Number: _____

Preferred Method of Contact (check all if applicable):

- Email Phone Text

Address: _____

Time Zone: _____

Ok to Leave a Message? Yes No

How did you hear about us?

- Social Media
 Google Search
 Referral (if so, by who: _____)

Child Information

(If services are needed for more than one child, please complete a separate form for each child.)

Child's Name: _____

Date of Birth: _____

Grade: _____

Autism Identification

- Diagnosed (if so, when?)
 Self-identified
 Exploring / seeking evaluation
 Prefer not to say

Other Relevant Diagnoses (e.g., ADHD, anxiety):

Family Context

Who lives in your household (please include ages of any siblings)?

Are there any major life changes happening right now? (e.g., school transitions, moves, burnout, family stress, etc.)

Are there any family, friend or community supports outside of the home? If yes, who/what organizations?

What Led You to Seek Coaching Right Now?

Please explain how coaching would be beneficial to your family at this time?

Current Challenges

Which areas feel most challenging right now?

- Emotional regulation / meltdowns
- School or learning concerns
- Transitions & routines
- Burnout (parent or child)
- Communication or connection
- Advocacy / navigating systems
- Parental confidence or overwhelm
- Sleep Concerns
- Physical aggression towards self or others
- Other: _____

Strengths & What's Working

What do you feel is going well right now—for your child *or* for you as a parent?

Goals for Coaching

If our coaching worked exactly the way you hope, what would be different for you or your family?

What are your **top 1-3 priorities** right now?

- 1.
- 2.
- 3.

What if any maladaptive behaviors does your child exhibit (i.e: self injury, aggression, meltdowns, elopements, etc)

Is your child verbal? If not, are there any communication tools utilized (i.e picture books, AAC device, sign language, etc)?

Is your child on any medication related to Autism, Anxiety or ADHD. If so, please provide name, dosage and frequency.

Previous Supports

Have you worked with any of the following before?

- Therapists / counselors
- Parenting coach
- Occupational therapy
- Speech therapy
- ABA Therapy
- School-based services
- None
- Other: _____

What was helpful? What was not?

Is your child homeschooled, public or private schooled?

If public or private schooled, is your child in a General Education or Special Education classroom?

Does your child have an IEP or 504 Plan?

Your Parenting Values (Optional)

Are there values or approaches that matter deeply to you? (e.g., neurodiversity-affirming, consent-based, gentle parenting, faith-based, etc.)

Practical Considerations

Best days/times for sessions:

Do you prefer:

- Structured sessions
- Flexible conversation
- A mix of both

Consent & Acknowledgment

I understand that parenting coaching is **not therapy, diagnosis, or medical treatment nor can we guarantee results**. I agree to make every possible effort to be active in this coaching process. I agree to inform GPAC of scheduling needs changes in advance of the session. I understand that I will not be refunded for canceled sessions paid in advance and that every effort will be made to reschedule at a day/time that works best for you. I confirm that the information provided is accurate to the best of my knowledge.

Name: _____

Signature: _____

Date: _____