



Playful Beginnings
33562 Yucaipa Blvd. 4-133,
Yucaipa, CA 92399
(909) 583 - 4040

Dear Parent,

Playful Beginnings, Inc. is an intervention program specializing in using a playful approach to facilitate each child's skill development. Individualized intervention is provided to children who experience developmental delays and/or have behavioral needs. Our mission is to assist children in achieving the highest level of functioning possible in order to enable them to be active participants in activities with their family members, friends, and other members of the community. It is believed that with appropriate support children will be able to participate in the least restrictive educational and social environments. We provide the following services:

Assessment Services:

- Developmental evaluation (children birth to 6 years) to determine the child's functioning in the areas of cognitive, social, language, motor, and self help skill development.
- Cognitive evaluation (children 2 ½ to 16 years) to determine the child's functioning in the areas of language and visual-spatial skills.
- Psychological diagnostic evaluation to determine if the child's behavioral presentation meets the DSM-IV-TR criteria for a specified disorder.
- Functional Analysis of Behavior in order to obtain an understanding of the child's behavior and to assist in developing an intervention plan.

Intervention:

- Behavioral therapists provide one-to-one intervention which is matched to the child's developmental, behavioral, and sensory needs. The primary intervention used to promote back and forth interaction and language development is Pivotal Response Training (PRT) which is a form of Applied Behavior Analysis (ABA). Parents are trained in the use of PRT and encouraged to incorporate this intervention into their daily activities.

Please complete the enclosed forms in order to start the intake process. All information will be kept confidential. Please mail the packet to: Playful Beginnings, Inc., 33562 Yucaipa Blvd 4-133, Yucaipa, CA 92399 or fax to 909-217-3456.

Thank you for your interest in our program. If you have any questions please feel free to contact us.

Playful Beginnings, Inc.
909-583-4040

Service Request

Main Concerns

- language development
- social development
- emotional/behavioral functioning
- repetitive behaviors/activities
- sensory issues

Please describe any checked items above: _____

Type of Services Requested

Check all that apply:

- developmental evaluation
- cognitive evaluation
- psychological diagnostic evaluation
- functional analysis of behavior and intervention planning
- behavioral intervention

Client Information

Contact Information

Child's Name _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____

Phone Number – Home: _____ Cell: _____

Email: _____

Emergency Contact Name and Number: _____

Developmental History

Skill Age Achieved

Sitting

Walking

Single Words

Phrases

Toilet Trained

Describe your child's temperament, health, eating, and sleeping habits during the first year:

Describe your child's social interaction, health, eating, sleeping, and emotional/behavioral issues between the ages of 1-3 years:

When did you first have concerns about your child's development?

Medical Information

Birth Information (weeks of gestation, prenatal substance exposure, complications): _____

Doctor: _____ Doctor's Phone Number: _____

Medications: _____

Hearing/Vision (dates of evaluation and results): _____

Current Diagnosis: _____

Allergies (meds, foods, environmental): _____

Significant medical/neurological/genetic evaluation results: _____

Insurance Information (attach copy of both sides of insurance card)

Insurance Provider: _____ Policy Number: _____

Family History

Has anyone in the family had: autism mental retardation language delay
 mental health problems behavioral problems other developmental disorders

Please specify any of those checked above: _____

Other Services

Name of School: _____

Type of Class - regular education preschool special education preschool regular education
 regular education with support special education classroom none

Previous behavioral intervention (provider, dates, response to therapy): _____

Other therapies (PT, OT, speech/language): _____

Community services (day care, parks and rec., church group, play group): _____

When returning intake packet please include:

All forms included in packet: _____

Previous psychological evaluation: _____

Previous school evaluation: _____

Previous speech/language evaluation: _____

Copy of insurance card (front and back): _____ (if seeking payment by insurance company)