

For use by CDD staff only:

Referral Date: _____

CDD Client #: _____

Intake Date: _____

Child's Name: _____

How did you hear about the Parent Home Training Program?

Where and when was your child diagnosed with an autism spectrum disorder?

Family History

What languages are used in your child's home?

Who lives in your child's home?

Does anyone else regularly provide care for your child?

Has your child recently been impacted by any of the following?

Adoption	Y	N	Moving	Y	N
Serious Illnesses	Y	N	Domestic Violence	Y	N
Foster Care	Y	N	Divorce	Y	N
Remarriage	Y	N	Substance Abuse	Y	N

Does anyone in the child's immediate family have any developmental, mental health or psychiatric diagnoses?

Services

Does your child currently receive educational/therapeutic services from any of the following?

Early intervention program	Y	N	Name of agency: _____
School program	Y	N	Name of school: _____
Other community service	Y	N	Name of agency: _____

What services does your child receive and how often do they receive them?

Current Concerns

How does your child currently communicate with you?

Do you have any concerns about your child's behavior? If so, what are your concerns?

How does your child play and get along with others?

Does your child display any sensory concerns? Does your child seem over or under responsive to certain stimuli?

Have you started toilet training yet?

Are there any other concerns that you would like to share?

Medical

Does your child have any medical diagnoses other than an autism spectrum disorder?

Is your child currently on medication? (Please list)

Has your child ever had any of the following?

Hospitalization	Y	N	Seizures	Y	N
Allergies	Y	N	Significant Illnesses	Y	N
Injuries	Y	N	Vision problems	Y	N
Hearing problems	Y	N	Sleeping problems	Y	N
Eating problems	Y	N			

Please describe any items marked “Yes”:

Please send or scan and email your completed application to:

University of New Mexico HSC
The Autism Programs Center for Development and Disabilities’ Division
Parent Home Training Program
2300 Menaul NE
Albuquerque, New Mexico 87107

Your family will be placed on the waiting list as soon as we receive your application, so please do not delay.

If you have any questions about this application or this program, please contact Sylvia J. Acosta 505-272-4725 or syacosta@salud.unm.edu