



Family Consulting Intake Form

Section 1: Family & Child Overview

1. Child's name and age:
 2. Date of diagnosis (if applicable):
 3. Who lives in the home?
 4. Current therapies or services your child receives:
 5. School setting (if applicable):
-

Section 2: Your Experience Right Now

6. In your own words, what has the diagnosis process been like for you?
7. What feels most challenging in daily life right now?
8. Are there specific behaviors that feel especially hard to manage?
(Examples: meltdowns, transitions, sleep, rigidity, communication struggles, aggression, anxiety, etc.)
9. When difficult moments happen, how do you usually respond?
10. What feels most overwhelming for you as a parent at this stage?

11. Do you know or suspect that you are neurodivergent and why?

Section 3: Your Child's Needs (Your Perspective)

11. What do you believe your child needs most right now?

12. In what situations does your child seem most regulated, happy, or successful?

13. Where do you see your child struggling developmentally?
(Communication, sensory regulation, social skills, flexibility, emotional regulation, independence, etc.)

14. What do you feel confident about in your parenting?

15. Where do you feel uncertain or unsure?

Section 4: Family Impact

16. How has this transition impacted your family dynamic?

17. How aligned do you and your partner (if applicable) feel in your approach?

18. How are you doing emotionally right now?

Section 5: Coaching Goals

19. What prompted you to seek coaching at this time?

20. If our work together were helpful, what would feel different in your home in 3–6 months?

21. What are your top 3 goals for coaching?

Section 6: Your Child's Strengths

22. Where does your child thrive? What are their strengths?
23. What makes them most happy?
24. What makes you smile about your child?
25. How does your child connect to you?

Section 7: Practical + Boundaries

26. Have you worked with a consultant/coach before?
27. Is there anything important you want me to know before we meet?
28. I understand that coaching is not therapy or medical advice. Yes

Name: _____ Signature: _____
Date: _____

Email this completed form to info@spectrumfamssupport.com along with any diagnostic reports and OT / PT / speech evaluations that you'd like to share.