Institute for Autism Research
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Family Information Form

Child's Name: _____ Date Completed: _____

Child's Date of Birth: _____ Age: _____ Gender: ___ Male

Race/Ethnicity: _____ ___ Female

School Information

My Child has an: ___ IEP ___ 504 Plan If so, Special Education Classification: _____

School Name: _____ Classroom Placement (Please check):

School Address: _____ ___ General Education Classroom

_____ ___ Integrated/Co-taught Classroom

_____ ___ 15 : 1 : 1

School Teacher: _____ ___ 12 : 1 : 1

School Phone: _____ ___ 8 : 1 : 1

School Fax: _____ ___ 6 : 1 : 1

___ Other: _____

Household Information

Residency: ☐ Single Residency ☐ Shared Residency

Primary Home Address: _____ **Primary Home Phone**: _____

_____

Caregiver 1: _____ Caregiver 2: _____

Relationship to Child:

- ☐ Natural Parent
- ☐ Step-Parent
- ☐ Adoptive Parent
- ☐ Foster Parent
- ☐ Other (Please specify): _____

Relationship to Child:

- ☐ Natural Parent
- ☐ Step-Parent
- ☐ Adoptive Parent
- ☐ Foster Parent
- ☐ Other (Please specify): _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Other Adults in the Home: _____

Secondary Home Address: _____ **Secondary Home Phone**: _____
(If applicable): _____ (If applicable):

Caregiver 3: _____ Caregiver 4: _____

Relationship to Child: Relationship to Child:

- ☐ Natural Parent ☐ Natural Parent
- ☐ Step-Parent ☐ Step-Parent
- ☐ Adoptive Parent ☐ Adoptive Parent
- ☐ Foster Parent ☐ Foster Parent
- ☐ Other (Please specify): _____ ☐ Other (Please specify): _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

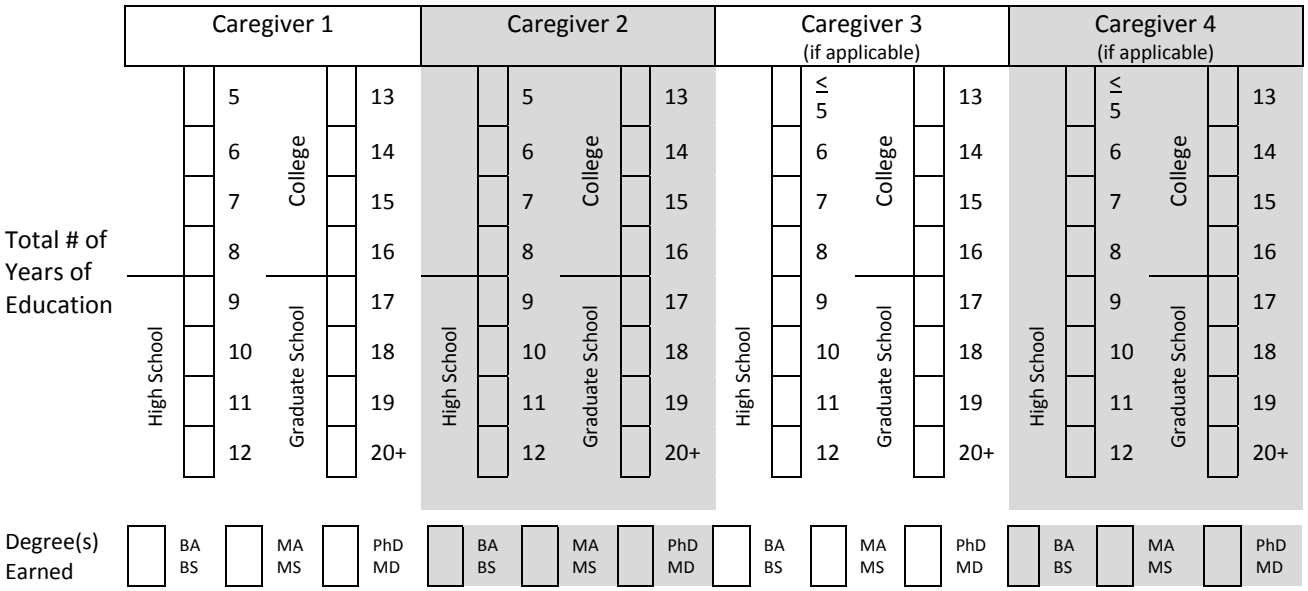
Other Adults in the Home: _____

Names of Siblings (full, half or step) Across Households:

First Name	Last Name	Gender	Relationship	Age

Caregiver Information

	Caregiver 1	Caregiver 2	Caregiver 3 (if applicable)	Caregiver 4 (if applicable)
Name:				
Age:				
Gender:				
Current Marital Status:	☐ Never Married	☐ Never Married	☐ Never Married	☐ Never Married
	☐ Married	☐ Married	☐ Married	☐ Married
	☐ Separated	☐ Separated	☐ Separated	☐ Separated
	☐ Divorced	☐ Divorced	☐ Divorced	☐ Divorced
	☐ Widowed	☐ Widowed	☐ Widowed	☐ Widowed
	☐ Committed Relationship	☐ Committed Relationship	☐ Committed Relationship	☐ Committed Relationship



Family Information

Please check your yearly gross income (Note: Consider all sources of income and support together; e.g. job earnings, interest from savings, investment or rental income, unemployment or disability insurance, alimony, child support, and support from extended family):

Primary Household:

- ☐ Below $5,000
- ☐ $5,001 – 15,000
- ☐ $15,001 – 25,000
- ☐ $25,001 – 35,000
- ☐ $35,001 – 50,000
- ☐ $50,001 – 70,000
- ☐ $70,001 – 95,000
- ☐ $95,001 – 125,000
- ☐ $125,001 – 160,000
- ☐ $160,001 – 200,000
- ☐ $200,001+

Secondary Household (If applicable):

- ☐ Below $5,000
- ☐ $5,001 – 15,000
- ☐ $15,001 – 25,000
- ☐ $25,001 – 35,000
- ☐ $35,001 – 50,000
- ☐ $50,001 – 70,000
- ☐ $70,001 – 95,000
- ☐ $95,001 – 125,000
- ☐ $125,001 – 160,000
- ☐ $160,001 – 200,000
- ☐ $200,001+

Medical Information

Does your child have any current medical/psychological diagnoses? (Please check all that apply):

- ☐ None
- ☐ Autism Spectrum Disorder (DSM-V)

Specify level if known:

☐ Level 1 ☐ Level 2 ☐ Level 3

- ☐ Asperger's (DSM-IV)
- ☐ Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS; DSM-IV)
- ☐ Attention Deficit/Hyperactivity Disorder (ADHD)
- ☐ Oppositional Defiant Disorder (ODD)
- ☐ Anxiety Disorder
- ☐ Mood Disorder (Depression, Dysthymia, etc.)
- ☐ Other, please specify: _____

Is your child currently prescribed any medication? ☐ Yes ☐ No

If yes, please complete the following:

Medication Name	Dosage	# of Years Prescribed	Purpose/Reason for Medication

Family Medical History

In the chart below, please specify the nature of any the following medical conditions of which a member of your child's family has a history. Please identify the specific allergies, seizure type, head injury, and/or vision/hearing problems for each person.

Family Member	First & Last Name	Physical Illness	Allergies	Seizure Disorder	Head Injury	Vision/Hearing Problems
Child						
Caregiver 1						
Caregiver 2						
Caregiver 3						
Caregiver 4						
Sibling 1						
Sibling 2						
Sibling 3						
Sibling 4						
Sibling 5						

In the chart below, please specify the nature of any of the following mental health/educational conditions of which a member of your child's family has a history. If a sibling or family member has a mental health diagnosis or special education classification, please specify the actual diagnosis or classification.

Family Member	First & Last Name	Autism Spectrum Disorder	Mental Health Diagnosis	Special Education Classification	Alcohol/Substance Abuse Problem
Child					
Caregiver 1					
Caregiver 2					
Caregiver 3					
Caregiver 4					
Sibling 1					
Sibling 2					
Sibling 3					
Sibling 4					
Sibling 5					