

8. Tell me about any special factors, like family culture, languages, parenting and custodial arrangements, that it would be helpful for me to know about:

9. What do you think is your greatest strength as a parent (each parent can respond)?

10. What do you think is your greatest limitation as a parent (each parent can respond)?

11. Tell me about how you as parents cope with stress and take care of yourselves: Who provides respite for you? How often do you get a “vacation” from parenting? What do you do for fun, or to get your mind off things?

12. Tell me about deciding to go for a diagnosis. What did you do? Tell about the experience of receiving the diagnosis:

13. Please tell me what life has been like since the diagnosis and up to this time. How has your life changed? How has the child’s life changed? What kinds of treatments and programs have you tried (both traditional and non-traditional such as ABA, FloorTime, biomedical, cranial sacral, alternative, please include all therapies)? What changes have you noted in your child for better or worse?

14. I would like each parent to describe the periods of time you spend with your child that provide you with the most satisfaction as a parent:

15. I would like each parent to tell me about the periods of time that are the most difficult for you as a parent:

16. Which medical or other health professionals do you most trust in regards to trying to really understand and care for your child? Please share any reasons for this trust:

17. What experiences have been the most helpful to you as the parent of a child with ASD?

18. If the child attends or has attended school, please describe school history and current status. Tell me about positives as well as negatives:

19. Please tell me about any major crises and stresses experienced by immediate family members during the child's lifetime:

B. Current and Past Treatments

Please list all treatment providers:

	Dates	Active Patient?	
		Yes	No
Pediatrician _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Neurologist _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Speech & Language Pathologist _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Counselor / Psychotherapist _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Naturopath _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Others _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Intervention Type:	Duration/Frequency:	Describe program goals:
Behavioral		
Biomedical		
Classroom interventions/ Modifications		
Diets		
OT/PT		
Speech		
Other		
Medications		

What do you Know About RDI?

It is important for us to know where you are in your understanding of RDI. It helps us to determine the most effective starting point for the entire family, not just the child.

How did you hear about RDI?		
	Yes	No
Do you know other families who are using RDI? If yes, is their program effective?		
Have you visited the RDI website – www.rdicconnect.com ?		
Have you read Dr.Gutstein’s book(s)? List:		
Have you viewed the RDI DVD “Going to the Heart of Autism?”		

Equipment You will Need

Part of a successful RDI program requires ongoing videotaping of typical family life and of RDI sessions. It is also helpful to have access to a digital camera. Let us know what equipment you have.

	Yes	No
Do you have video taping equipment?		
Are you set up to upload video clips?		
Are you willing to have your child’s RDI sessions taped?		
Do you have high speed internet access?		