



PARENT / FAMILY SUPPLEMENTAL INTAKE

Collateral information for coaching an adult client

Important: Your family member is an adult and is the coaching client. This form allows you to provide background information that may help us understand their history, strengths, and current support needs. Completing this form does not authorize disclosure of the client's coaching information to you. Information will be shared only with the adult client's written authorization or as otherwise permitted or required by law.

PARENT / FAMILY INFORMATION

Your name

Relationship to client

Phone

Email

Does the adult client know you are completing this form?

☐ Yes

☐ No

☐ Unsure

What led you to request or recommend coaching at this time?

What are your three biggest concerns?

DEVELOPMENTAL AND NEURODIVERGENT HISTORY

Pregnancy/birth history or developmental milestones that may be relevant

Childhood communication, social, behavioral, or sensory differences you observed

School history, including IEP/504 plans, accommodations, learning challenges, or strengths

ASD and/or ADHD/ADD diagnosis history, evaluations, or previous recommendations

Previous therapy, coaching, medical, educational, or community supports

Significant transitions or events that affected functioning

Areas of strength, giftedness, interests, or special abilities



PARENT / FAMILY SUPPLEMENTAL INTAKE

Current functioning and independence

CURRENT FUNCTIONING

Please describe what you currently observe. Focus on examples and the level of support needed.

Daily routine, hygiene, and self-care

Sleep and emotional regulation

School, employment, or training

Organization and completing responsibilities

Communication and social relationships

Money, transportation, and household responsibilities

Independence and motivation

What can your adult child currently manage independently?

Where do they rely most heavily on you or other family members?

CANNABIS CONCERNS

Please distinguish what you have personally observed from what you suspect or have been told.

What have you personally observed regarding marijuana/cannabis use?

How frequently do you believe they use?

What changes have you personally observed?

- | | |
|--------------------------------------|--|
| ☐ Motivation | ☐ Memory |
| ☐ Mood | ☐ Sleep |
| ☐ Finances | ☐ Relationships |
| ☐ School/work | ☐ Daily functioning |
| ☐ Other | |

What specifically makes you concerned about the cannabis use?

Have you discussed your concerns with them?

- ☐ Yes ☐ No

If yes, how did they respond?

Have there been consequences associated with use? If so, please describe.

If marijuana use stayed exactly the same but your adult child's functioning improved substantially, would you still consider coaching successful?

YOUR EXPECTATIONS FOR COACHING

What do you hope coaching will accomplish?

What do you believe your adult child wants from coaching?

Where do you think your goals and their goals may differ?

What changes are you willing to make in the way you support them?

Are there things you currently do for your adult child that you would like them to begin doing independently?

What does successful independence look like to you?

What is something positive about your adult child that you want their coach to know?

Parent/family member signature (type name)

Date