

**REI Custom Program™ Level II Intake - Children ages 1-3 years**

Please fax to: 505-466-6144 or mail to: REI Institute  
55 Lime Kiln Rd.  
Lamy, NM 87540

Date: \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

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**Client Name:** \_\_\_\_\_ Gender: M F D.O.B. \_\_\_\_\_

Date of original REI Custom Program Creation (located on Program cover): \_\_\_\_\_

Please list any revisions that were made to your original REI Custom Program™ CDs:

Client contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_ (required for proper follow-up)

**Ship to** (check one): Provider \_\_\_\_\_ Client contact: \_\_\_\_\_

**Payment information:** \_\_\_\_\_ Amount \$495.00

This all-inclusive fee consists of the intake process and all follow-up as well as the creation of the 2 initial CDs and any additional CDs we may need to make during the ten-week process in order to achieve the results you are looking for.

\_\_\_\_ Enclosed is my check (payable to REI Institute).

\_\_\_\_ Please charge my credit card (circle type): Mastercard Visa Discover AMEX

Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name on card: \_\_\_\_\_

## REI Custom Program Questionnaire Part I - Children ages 1-3 years

Client's name: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Please select a rating for each of the following questions. Refer to behavior for the past 3 months. For each item, decide whether the behavior is relevant and to what degree.

0= not relevant/applicable

1= slightly relevant

2= pretty relevant

3= very relevant

Don't think too hard about the answer -- your first reaction is usually the right one.

	not relevant	slightly relevant	pretty relevant	very relevant
1. Injures self	0	1	2	3
2. Wakes frequently at night	0	1	2	3
3. Aggressive to others	0	1	2	3
4. Has trouble understanding verbal instructions	0	1	2	3
5. Avoids eye contact	0	1	2	3
6. Slow to wake-up after sleep	0	1	2	3
7. Prefers to watch others rather than participate	0	1	2	3
8. Is easily distracted	0	1	2	3
9. Has trouble transitioning from one activity to another	0	1	2	3
10. Has trouble falling asleep	0	1	2	3
11. Resists physical contact	0	1	2	3
12. Lacks facial expressions	0	1	2	3
13. Repeats words or sounds inappropriate to age	0	1	2	3
14. Irritable or whiny	0	1	2	3
15. Bothered by certain sounds	0	1	2	3
26. Repetitive body movements	0	1	2	3
17. Excessively active (running, jumping)	0	1	2	3
18. Shows no interest in others	0	1	2	3

Client Name \_\_\_\_\_

19. Can't communicate wants or needs	0	1	2	3
20. Verbal skills below age level	0	1	2	3
21. Has trouble focusing at age level	0	1	2	3
22. Shakes or flaps hands or arms	0	1	2	3
23. Unresponsive when spoken to	0	1	2	3
24. Throws tantrums excessive for age	0	1	2	3
25. Excessive vocalizations	0	1	2	3
26. Has poor appetite, doesn't want to eat	0	1	2	3
27. Rocks body repeatedly/ Seeks/calms by rocking	0	1	2	3
28. Cries easily	0	1	2	3
29. Mood changes often	0	1	2	3
30. Seems unhappy most of time	0	1	2	3
31. Plays with toys inappropriately	0	1	2	3
32. Has odd behaviors	0	1	2	3
33. Becomes frustrated easily	0	1	2	3
34. Screams for seemingly no reason	0	1	2	3
35. Afraid of new things, places or people	0	1	2	3
36. Chews or sucks on things	0	1	2	3
37. Eats limited diet, only likes certain foods	0	1	2	3
38. Inactive, listless	0	1	2	3
40. Hard to reach, preoccupied	0	1	2	3
41. Seeks isolation	0	1	2	3
42. Moves around aimlessly	0	1	2	3
43. Disobedient	0	1	2	3
44. Prefers the company of adults	0	1	2	3
45. Doesn't communicate wants or needs	0	1	2	3
46. Bothered by clothes against skin	0	1	2	3
47. Seizures	0	1	2	3
48. Clumsy, uncoordinated	0	1	2	3

Client Name \_\_\_\_\_

49. Doesn't follow rules	0	1	2	3
50. Forgets things	0	1	2	3
51. Seems "uncomfortable in own skin"	0	1	2	3
52. Picks at self or clothing	0	1	2	3
53. Stares into space, seems in own world	0	1	2	3
54. Hits or scratches others	0	1	2	3
55. Covers ears	0	1	2	3
56. Regressed in language ability	0	1	2	3
57. Has uncontrollable body movements	0	1	2	3
58. Craves pressure against body	0	1	2	3
59. Easily overwhelmed by noisy environments	0	1	2	3
60. Easily startled	0	1	2	3
61. Has/had frequent ear infections	0	1	2	3
62. Has poor balance	0	1	2	3
63. Low self-esteem	0	1	2	3
64. Traumatic birth experience	0	1	2	3
65. Has difficulty telling which direction a sound came from	0	1	2	3
66. Uncontrollable vocalizations	0	1	2	3
67. Recoils to touch (tactically defensive)	0	1	2	3
68. Bumps into things and people frequently	0	1	2	3
69. Often seems tired, sluggish, slow moving	0	1	2	3
70. Fetal Alcohol Syndrome	0	1	2	3
70. History of head injury	0	1	2	3
71. History of brain damage	0	1	2	3
72. Born prematurely	0	1	2	3
73. Experiences frequent changes in sleep patterns	0	1	2	3
74. Bothered by/sensitive to lights	0	1	2	3
75. Adopted	0	1	2	3

**REI Program Level II Questionnaire Part II – Children age 1-3 years**

Client's name: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Is he or she currently taking any medications? If so, please list names and dosages.

Are you still using your existing REI Custom Program CDs? If so, how often?

Please describe the changes you experienced with your original REI Custom Program™:

Please list the major challenges you face right now (include up to 4):