UNYTE-ILS SSP INTAKE FORM
For Parents of Children (aged 0-18)

Child: __________________________
Parent/Guardian:________________
Provider: ________________________
Date: ___________________________

Note to Parent:

As we start to consider the delivery of SSP for your child, it will be helpful if you could please answer the following questions as honestly as you can. Please be assured that the information you share with me is confidential.

As you will see, this is different from more traditional assessments or questionnaires you may have completed in the past. There are no rights or wrongs here. Instead, it is designed to give me more information about your child's current circumstances. You will see that there are two sections to this form for you to complete: one for you to share details about your child's experiences, and the other about resources available to them.

The details you share with me will help us work together to explore what will be the best way to move forward in your child's SSP journey. There are spaces for you to write more information that you think may be relevant or helpful for me to know.
Questions and Conversation Topics

CLIENT EXPERIENCE:

1. **Sound sensitivity**
   Check all that apply and provide details:
   
   - ☐ Auditory hypersensitivity/hyperacusis - certain frequencies of sound are strongly disliked; noisy environments are avoided
   - ☐ Misophonia - specific sounds have to be avoided or feel unbearable
   - ☐ Auditory Processing Disorder - hearing is normal but processing and understanding what is heard is compromised
   - ☐ Difficulty hearing speech when there is background noise
   - ☐ Other: __________________________________________________________

   Details:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. **General sensory sensitivity**
   Check all that apply and provide details:
   
   - ☐ Certain clothing and textures are irritating
   - ☐ Certain tastes are overwhelming
   - ☐ Extreme response to certain smells
   - ☐ Difficulty knowing where limbs are in space
   - ☐ Extreme motion sickness
☐ Hypersensitivity to light

☐ Inability to accommodate and adjust to certain sensations

☐ Other: ________________________________________________________________

Details:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Prior listening experience:
   a. Prior completion of the SSP?

      YES / NO

      Please describe your child's previous experience with the SSP:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

   b. Prior listening therapies?

      YES / NO

      Describe the therapy and your child's experience:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

   c. How does music affect your child generally?

      Calming, Grounding

      Aggravating, Irritating

      □  □  □  □  □  □  □  □
d. More about your child’s experience with music (no scores):

   i. How do they engage with music in their life?
      ____________________________________________
      ____________________________________________

   ii. Do they listen to music often?
       ____________________________________________
       ____________________________________________

   iii. What type of music do they like?
       ____________________________________________
       ____________________________________________

   iv. Are there times when they prefer silence?
       ____________________________________________

How do the above vary depending on how your child feels? It may be helpful to consider their level of tiredness, emotional state, and the time of the day.

Details

________________________________________________________________________
________________________________________________________________________

4. Nervous system tendency

When reacting to distressing events, it is normal to quickly move out of a restful (ventral vagal) state of social engagement and connection, and into a survival state.

There are two general types of survival responses or defensive states and we usually tend to move towards one more than the other. These two types are:

- Activation/mobilization (sympathetic hyper-arousal) or
- Shutdown/immobilization (parasympathetic dorsal vagal hypo-arousal)
Please use the lists below to help you consider which state your child tends toward more. It is helpful to circle the descriptors that apply.

**In sympathetic hyper-arousal** they might feel:

<table>
<thead>
<tr>
<th>Worried</th>
<th>Jittery/jumpy</th>
<th>Unable to relax</th>
<th>Unable to take things easily</th>
<th>Cranky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wary</td>
<td>Impulsive/reactive</td>
<td>Short-tempered</td>
<td>Inflexible</td>
<td>“Boiling” feelings</td>
</tr>
<tr>
<td>Consumed by racing thoughts</td>
<td>Heart beating fast</td>
<td>Rapid breathing</td>
<td>Unable to Focus</td>
<td>Too much energy</td>
</tr>
<tr>
<td>Other: __________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In sympathetic hyper-arousal** they might display the following behaviors:

<table>
<thead>
<tr>
<th>Quick to become frustrated</th>
<th>Argumentative</th>
<th>Name calling or accusing</th>
<th>Fidgety/constant movement</th>
<th>Sticky thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent bursts of anger &amp; hostility</td>
<td>Resistance to suggestions</td>
<td>Pushing boundaries</td>
<td>Biting, hitting, throwing</td>
<td>Impulsive decisions or actions</td>
</tr>
<tr>
<td>Over-reactive responses</td>
<td>Walking or running away from situations</td>
<td>Crying, screaming, yelling</td>
<td>Threatening words or gestures</td>
<td>Tantrums</td>
</tr>
<tr>
<td>Other: __________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5
**In dorsal vagal hypo-arousal** your child might **feel:**

<table>
<thead>
<tr>
<th>Low</th>
<th>Shut down</th>
<th>Shame</th>
<th>Numb</th>
<th>Overwhelmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen</td>
<td>Sad</td>
<td>Depressed</td>
<td>Lifeless</td>
<td>Sluggish</td>
</tr>
<tr>
<td>Heavy</td>
<td>Isolated</td>
<td>No or slow energy</td>
<td>Want to curl up &amp; hide</td>
<td>Avoidant</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>Disconnected</td>
<td>Unreachable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: __________________

**In dorsal vagal hypo-arousal** your child might exhibit the following **behaviors:**

<table>
<thead>
<tr>
<th>Disengaging or fading away</th>
<th>Low muscle tone</th>
<th>Seeming to not hear what others say</th>
<th>Hiding or shrinking</th>
<th>Letting others speak for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slumped posture</td>
<td>Low curiosity/ lack of playfulness</td>
<td>Drowsy/tired</td>
<td>Retreating from social connection</td>
<td>Avoiding eye contact</td>
</tr>
<tr>
<td>Recoiling from touch</td>
<td>Giving up</td>
<td>Giving in</td>
<td>Unhealthy digestion</td>
<td>Flat facial expression &amp; monotone voice</td>
</tr>
</tbody>
</table>

Other: __________________

**When reacting to distressing events my child tends more towards:**

- Sympathetic hyper-arousal (activation/mobilization)
- Dorsal vagal hypo-arousal (shutdown/immobilization)
In contrast to the two defensive states above, when your child is at rest and cues of safety outweigh any cues of danger in their environment, they will be in a ventral vagal state where they can be socially engaged, calm, have impulse control, and generally experience feelings of wellbeing.

**In a ventral vagal calm state, your child might feel:**

<table>
<thead>
<tr>
<th>Safe</th>
<th>Alert</th>
<th>Proud</th>
<th>Interested</th>
<th>Curious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm</td>
<td>Content</td>
<td>Engaged</td>
<td>Active</td>
<td>Trusting</td>
</tr>
<tr>
<td>Willing</td>
<td>Accessible</td>
<td>Accepting</td>
<td>Ready to participate</td>
<td>Comfortable</td>
</tr>
<tr>
<td>Attuned</td>
<td>Connected</td>
<td>Confident</td>
<td>Cared for</td>
<td>Grateful</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In a ventral vagal calm state, your child might exhibit the following behaviors:**

<table>
<thead>
<tr>
<th>Engaged and aware</th>
<th>Reciprocal play</th>
<th>Interest in exploring</th>
<th>Advocating &amp; doing things for themself</th>
<th>Speaking their mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upright posture</td>
<td>Curious and playful</td>
<td>Ready to learn</td>
<td>Interested in social connection</td>
<td>Maintaining eye contact</td>
</tr>
<tr>
<td>Affectionate</td>
<td>Wanting to do things for themself</td>
<td>Perseverance</td>
<td>Healthy digestion</td>
<td>Good facial expression &amp; vocal prosody</td>
</tr>
</tbody>
</table>

Other: ________________

b. **I have observed my child feeling safe and in a ventral vagal state and can relate to these descriptors.**

<table>
<thead>
<tr>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5a. For Parent: Your own nervous system tendency
Just as your child’s nervous system tendency can help to guide their SSP facilitation plan, it is also helpful to know what your tendency is as a parent since this may also be a consideration in the approach. So please respond to the following questions - this time for yourself.

Please use the lists of descriptors below to help you consider which you tend more toward. **You may find it helpful to circle the words and behaviors that apply to you.**

**In sympathetic hyper-arousal you might feel:**

<table>
<thead>
<tr>
<th>Anxious</th>
<th>Agitated</th>
<th>Restless</th>
<th>Tense</th>
<th>Irritable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypervigilant</td>
<td>Impulsive</td>
<td>Uptight</td>
<td>Rigid</td>
<td>Rage</td>
</tr>
<tr>
<td>Consumed by racing heart</td>
<td>Racing heart</td>
<td>Rapid breathing</td>
<td>Unable to Focus</td>
<td>Too much energy</td>
</tr>
<tr>
<td>Reactive</td>
<td>Stressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In sympathetic hyper-arousal you might exhibit the following behaviors:**

<table>
<thead>
<tr>
<th>Quick to become frustrated</th>
<th>Use of loud voice</th>
<th>Name calling or making accusatory remarks</th>
<th>Fidgety/constant movement</th>
<th>Intrusive thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent bursts of anger or hostility</td>
<td>No time or patience to make conversation</td>
<td>Confrontational or controlling</td>
<td>Angry or aggressive behavior</td>
<td>Impulsive decisions or actions</td>
</tr>
<tr>
<td>Over-reactive responses</td>
<td>Loss of patience</td>
<td>Panic attacks</td>
<td>Perseverative thoughts</td>
<td>Feeling defensive</td>
</tr>
<tr>
<td>Other: __________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: __________________
In dorsal vagal hypo-arousal, you might feel:

<table>
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<th>Low</th>
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<td>Withdrawn</td>
<td>Disconnect</td>
<td>Alone</td>
<td>Hopeless</td>
<td>Unreachable</td>
</tr>
</tbody>
</table>

Other: __________________

In dorsal vagal hypo-arousal, you might exhibit the following behaviors:

<table>
<thead>
<tr>
<th>Zoning out</th>
<th>Feeling outside of awareness</th>
<th>Withdrawing from connection</th>
<th>Hiding or shrinking</th>
<th>Letting others speak up and lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collapsed posture</td>
<td>Shutdown behavior</td>
<td>Depleted of energy</td>
<td>Socially isolating</td>
<td>Averting eye contact</td>
</tr>
<tr>
<td>Avoiding touch</td>
<td>Giving up</td>
<td>Giving in</td>
<td>Unhealthy digestion</td>
<td>Flat facial expression &amp; monotone voice</td>
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</tbody>
</table>

Other: __________________

a. After comparing the feelings and behaviors of sympathetic activation and parasympathetic dorsal vagal shutdown, when reacting to distressing events, I tend more toward:

<table>
<thead>
<tr>
<th>Sympathetic hyper-arousal (activation/mobilization)</th>
<th>Dorsal vagal hypo-arousal (shutdown/immobilization)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>
5. Please answer the following to describe your current home environment:

   a. General feeling at home
      
      Calm
      -
      -
      -
      -
      -
      -
      -
      -
      -
      Chaotic

   b. Noise levels at home
      
      Peaceful, Quiet
      -
      -
      -
      -
      -
      -
      -
      -
      -
      Frenzied, Loud

   c. People in your home
      
      Supportive
      -
      -
      -
      -
      -
      -
      -
      -
      -
      Unpredictable

   Details
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

6. Access to support (co-regulation) from others:

   a. Will a reliable, caring adult be able to support this child’s experience with the SSP and to co-regulate with them?

      YES / NO

      Who will this be?
      ______________________________________________________
      ______________________________________________________
      ______________________________________________________
b. Will you and your child have access to the same quiet space without interruptions for the SSP listening sessions during remote delivery?

**YES / NO**

Describe the space and conditions for the listening

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

c. Will your child be supported to practice self-regulation between sessions and after completing SSP? Will they have access to healthy coregulation?

**YES / NO**

Describe

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

d. Are the relationships your child has with the people in their life generally supportive?

**YES / NO**

Describe

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7. Access to other nurturing and supportive resources (self-regulation):
   Check all that apply:
   - Nature, open spaces, park, or yard
   - Pet
   - Sport or playful movement, dance, gymnastics
   - Simple breathing exercises, mindfulness or guided imagery, yoga
   - Singing or playing a wind instrument
   - Creative activities such as art, drama, or music (other than singing or wind instruments)
   - Other: ____________________________________________________

8. Although there is always the possibility of unforeseen circumstances, it is helpful to know if there are any significant events likely to happen in your child's life or those close to them which may have an impact on their ability to benefit from SSP. It is helpful to be aware of these in advance, if possible, so they can be factored into the timing of SSP delivery.

   Please provide details of any events happening or expected in the next few weeks or months so these can be considered. Examples are: exams, change of school or teacher, recent or upcoming move, friendship stress or trouble with peers, illness, new sibling, or recent loss of a family member or pet.

   In general, how would you assess your child's and your family's current situation and experience? Does their life and world feel comfortable?

   Comfortable Unsettled
   [ ] [ ] [ ] [ ] [ ] [ ] [ ]

   Details and comments
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
9. **Before starting your child’s SSP journey, it is important you understand that this is a process you are engaging in together. It may require extra support of your child as their nervous system shifts and repatterns. Although the listening is passive, the work to sustain the experience is intentional, and requires active engagement from you throughout.**

Do you have a willingness to engage and participate fully with your child in the process with me as your SSP provider, and understand that the SSP is not a quick fix, or a stand-alone therapy?

[I’m all in](#) [I’m skeptical](#)

Comments

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________