

Neurodivergent Coaching Intake



What is Neurodivergent Coaching?

Day-to-day support from someone who “gets it”

Neurodivergent affirming autistic coaching is a form of coaching designed to support autistic individuals to achieve their goals, develop their strengths, and navigate their challenges in a way that is tailored to their unique neurodivergent needs. This approach differs from therapy in that it focuses on practical skills and strategies rather than delving into past traumas or emotional difficulties. The coaching relationship is collaborative and goal-oriented, with the coach providing support, accountability, and guidance to help the client achieve their desired outcomes. This type of coaching can be beneficial for autistic individuals who are seeking to improve their executive functioning, communication skills, overall quality of life, and more. Unlike therapy, coaching is not meant to treat mental health conditions, but rather to help individuals identify and build on their strengths and develop the skills they need to thrive.

Personal Information

Client name: _____

Affirmed Name (if different) _____

Birthdate: ____/____/____

Gender Identity/ Pronouns: _____

Address: _____

City: _____ Zip: _____

Primary Phone: _____

Email address: _____

Can I leave a voicemail message on this phone? (circle) Yes No

Do you want to receive Text Messages? (circle) Yes No

What is your preferred method of communication? (circle) Email Text Call

Occupation: _____ Employment Status: _____

Are there any ways in which autism is currently affecting your work or schooling? If yes, please explain:

Relationship Status? _____

Sexual Orientation? _____

Please share any relevant information about this relationship:

Medical and Mental Health History

Primary Care Physician _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Medications: _____

Are you currently being treated for any medical conditions? If yes, please explain:

Are you currently or have you previously been treated for a mental health condition? If yes, please explain:

Are there any accommodation needs I should be aware of to best support you? If yes, please explain:

Autism History

Have you ever been professionally diagnosed as autistic? (circle) Yes No

(Please note that due to socioeconomic, gender, and cultural discrepancies, access to professional assessment and diagnosis may not always be accessible to everyone and as such professional diagnosis is not required for coaching.)

If yes, at what age and by whom? _____

If not, do you self-identify as autistic? (circle) Yes No

What experiences have led you to believe you may be autistic?

What leads you to seek coaching at this time?:

Please check all of the following areas you are currently experiencing

difficulties in:

- Executive functioning
- Understanding and accommodating sensory needs
- Minority Stress
- Masking/ Unmasking
(suppressing autistic traits in order to “fit in” to societal norms)
- Navigating Pervasive Drive for Autonomy (PDA)
(High need for control and/or resistance to everyday demands)
- Navigating Rejection Sensitive Dysphoria (RSD)
(A debilitating emotional response to perceived rejection or criticism)
- Accommodations at work/school
- Navigating meltdown/shutdown
- Autistic Burnout
- Interpersonal Relationships
- Other:

Coaching Informed Consent

1) Coach-Client Relationship

- A. Client is solely responsible for creating and implementing their own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the coaching relationship and their interactions with the Coach. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach.**
- B. The Client understands that although Rainn Stone is a Licensed Masters of Social Worker (LMSW) they are not using their license for the services rendered, they are not presenting themselves as a therapist to the Client, and they are not providing psychotherapy to the Client.**
- C. Client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client's exclusive responsibility to seek such independent professional guidance as needed. If Client is currently under the care of a mental health professional, it is recommended that the Client promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach.**
- D. Client acknowledges that coaching is a comprehensive process that may involve different areas of their life, including work,**

finances, health, relationships, education and recreation. The Client agrees that deciding how to handle these issues, incorporate coaching principles into those areas and implementing choices is exclusively the Client's responsibility. The Client understands that in order to enhance the coaching relationship, the Client agrees to communicate honestly, be open to feedback and assistance and to create the time and energy to participate fully.

2) Confidentiality

- A. This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound by the principles of confidentiality. However, please be aware that the Coach-Client relationship is not considered a legally confidential relationship (like the medical and legal professions) and thus communications are not subject to the protection of any legally recognized privilege. However, the Coach agrees not to disclose any information pertaining to the Client without the Client's written consent.
- B. There are a few exceptions (A) the Coach is required by statute, lawfully issued subpoena, or by court order to disclose; (B) Disclosure is made to the Coach and as a result of such disclosure the Coach reasonably believes there to be an imminent or likely risk of danger or harm to the Client or others; (C) Disclosure is made of abuse of a child or dependent adult. (D) The Client also acknowledges their continuing obligation to raise any confidentiality questions or concerns with the Coach in a timely manner.

3) Limited Liability

Except as expressly provided in this Agreement, the Coach makes no guarantees, representations or warranties of any kind or nature, express or implied with respect to the coaching services negotiated, agreed upon and rendered. In no event shall the Coach be liable to the Client for any indirect, consequential or special damages.

Notwithstanding any damages that the Client may incur, the Coach's entire liability under this Agreement, and the Client's exclusive remedy, shall be limited to the amount actually paid by the Client to the Coach under this Agreement for all coaching services rendered through and including the termination date.

4) Applicable Law

This Agreement shall be governed and construed in accordance with the laws of applicable governing bodies without giving effect to any conflicts of laws provisions.

5) Cancellation Policy

Client agrees that it is the Client's responsibility to notify the Coach 24 hours in advance of the scheduled calls/meetings. Coach reserves the right to bill Client for a missed meeting. Coach will attempt in good faith to reschedule the missed meeting.

Client Signature: _____ **Date:** _____

Guardian Signature (If Minor) _____

Witness: _____

Services Provided

- ❖ 1:1 Coaching (virtual or in-person)
- ❖ Body Doubling/ Executive Functioning Groups/ Outings
(Based on availability)
- ❖ Monthly Packages

We believe that everyone deserves to get the help they need and we help low income families by basing what you pay on what your family can afford. We will work with you and offer you services based on your household income (this is the income of all members of your household combined).

1:1 Coaching Services Costs

Household Income	Price Per Session
50,000 annually or less	\$50
50,000- 60,000 annually	\$60
60,000-70,000 annually	\$70
70,000-80,000 annually	\$80
80,000 and 90,000	\$100 a session
100,000 plus	Full Price Session \$150

9. In your management of your money, your bills, and your debts	0	1	2	3	4	5	6	7	8	9	99
10. In driving a motor vehicle and in your history of citations and accidents	0	1	2	3	4	5	6	7	8	9	99
11. In your sexual activities and sex relations with others	0	1	2	3	4	5	6	7	8	9	99
12. In your organization and management of your daily responsibilities	0	1	2	3	4	5	6	7	8	9	99
13. In caring for yourself daily (dressing, bathing and hygiene, eating, sleeping, etc.)	0	1	2	3	4	5	6	7	8	9	99
14. In maintaining your health (exercise, nutrition, preventive medical and dental care, etc.)	0	1	2	3	4	5	6	7	8	9	99
15. In taking care of and raising your children	0	1	2	3	4	5	6	7	8	9	99

Office Use Only:

A. Sum the number of items circled 0 to 9 across all the above domains: _____ (Do not count answers of 99)

B. Divide this sum by the number of circled answers used to create the sum (the number of domains the individual rated 0-9.)

Enter score below: Mean Impairment Score:_____