



## New Client Intake Form

### General Info

Parent or Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sex:    Male    Female



## Schooling History

Middle School

1. \_\_\_\_\_

2. \_\_\_\_\_

High School:

1. \_\_\_\_\_

2. \_\_\_\_\_

Current Math Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Current English Class: \_\_\_\_\_ Grade: \_\_\_\_\_

☼ Has your child ever repeated a grade? If so, please explain:

☼ Has your child ever skipped a grade? If so, please explain:

☼ Has your child ever been evaluated for a learning/attention disorder?

**YES NO**

☼ If so, by whom and when?

☼ Has your child ever received speech, vision, or occupational therapy? If yes, where did he/she receive services?

## Learning Behavior

Check the box that best describes your child for each of the following behaviors listed in the table below.

	Always	Sometimes	Never
Struggles to complete homework			
Overly sensitive to criticism			
Resistant to parental assistance on schoolwork			
Difficulty working independently (school)			
Difficulty working independently (home)			
Has difficulty learning things the first time they are presented			
Has difficulty retaining concepts			
Has difficulty with memorization			
Resistant to reading			
Uncomfortable in social settings with peers			
Uncomfortable in social settings with adults			
Takes jokes literally/does not appreciate sarcasm			
Has difficulty relaying a story in chronological order			
Has difficulty with concepts of time			
Has difficulty with concepts of coins/money			
Is easily distractible			
Difficulty going to sleep or staying asleep			
Often appears restless			
Fidgets or moves around in seat while working			
Has difficulty remaining seated			
Questions the purpose of school and required classes			
Has difficulty staying organized			
Has difficulty delaying gratification			
Parent and child argue about schoolwork / grades			

## **Current Concerns**

✧ Please describe your current concerns (subject matter difficulty, lack of interest in reading, behavior, motivation, grades, etc.):

## **Goals**

✧ Please describe your expectations for results at our center (improvement in grades, attitude, behavior, motivation; understanding of material in a specific subject; overall ease of completing school work; etc.):

## Questions for the student

For questions 1-3, please use the following scale

1 – not at all and 10 – the most.

1. On a scale of 1-10, how much do you enjoy school?
2. On a scale of 1-10, how much do you enjoy the subject(s) you are seeking help with?
3. On a scale of 1-10, how motivated are you to do well in school?
4. Is going to college important to you? (We assume that it is important to your parents, but we would like to know your thoughts.)
5. If yes, then why do you want to go to college? What do you hope to gain?
6. What are your interests outside of school and academics?