

Client Intake Evaluation

✘ *The information you provide in this intake evaluation will assist us in best meeting your child's needs. Please complete it as thoroughly as possible. If you have any questions regarding this intake form, please contact our K-6 Director, Megan Cohen at mcohen@wellsacademics.com.*

General Info

Parent Name: _____ Date: _____

Email: _____

Home/Work Phone: _____ Cell Phone: _____

Mailing Address: _____

Who referred you to us: _____

Student Name: _____ Preferred Nickname: _____

Date of Birth: _____ Current Grade Level: _____ Sex: M F

Current School: _____ Teacher: _____

Schooling History

	School Name	Dates of Attendance
Preschool		
Elementary School		

Has your child ever repeated a grade? Yes ___ No___

If so, please explain: _____

Has your child ever skipped a grade? Yes ___ No___

If so, please explain: _____

Has your child ever been evaluated for a learning/attention disorder? Yes ___ No___

If yes, when and by whom? _____

Has your child ever received speech, vision, or occupational therapy? Yes ___ No___

If yes, when and where did he/she receive services? _____

Does your child have a history of ear infections? Yes ___ No___

If yes, please describe the frequency and ages of occurrence: _____

Learning Behavior

Check the box that best describes your child for each of the following behaviors.

Behavior	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)			
Tends to not learn things well the first time they are presented			
Has difficulty retaining concepts			
Has difficulty with memorization			
Resists reading for extended periods of time			
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			
Has 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 schooling and/or specific subject matter			

Behavior	Always	Sometimes	Never
Enjoyed books at a young age			
Enjoys reading			
Comfortable in social settings with peers			
Comfortable in social settings with adults			

Current Concerns/Goals

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

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.): _____

✘ *Thank you for taking the time to compile the following information regarding your child's learning and schooling history for us. Please bring this completed evaluation to your Intake Meeting. We look forward to supporting your child in achieving his/her educational and personal goals.*