**Client Intake Form**

\*Please complete this form and return by email prior to your appointment.

**Identifying Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History**:

Please list the name and ages of all individuals living in the home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child adopted?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the primary language spoken in the home?

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If child is living in a single-parent home, describe the contact/involvement of the other parent.

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How does the child get along with other family members?

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How does the child get along with his peers and other adults?

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Are parents actively involved in child’s education and extra-curricular activities?

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What interests does your child have or what activities does your child participate in?

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Is there a family history on either side of the family of any of the following? (child/parent/grandparent/cousin)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Child |  Maternal Side |  Paternal Side |
| Learning problems (Reading/Math/Writing) |  |  |  |
| ADHD (with or withoutHyperactivity) |  |  |  |
| Autism/Asperger’s |  |  |  |
| Speech/language delays |  |  |  |
| Other  |  |  |  |

Has the child ever been received services through any outside agencies such as mental health, court system, Department of Social Services, private counseling/therapy, etc.? If so, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever had previous psychological or educational testing? Please so, please provide a copy of the report.

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**Developmental/Medical History**:

Please describe any problems that occurred with pregnancy, labor, or delivery:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were the length of pregnancy and the birth weight of child?

Length of pregnancy: \_\_\_\_\_\_\_ weeks Birth weight: \_\_\_\_\_ pounds, \_\_\_\_\_ ounces

Were developmental milestones met within normal limits or did your child experience delays?

|  |  |  |
| --- | --- | --- |
|  |  Normal |  Delayed |
| Gross Motor (sitting, walking, running, jumping) |  |  |
| Fine Motor (handwriting, using scissors, tying shoes, pincer grasp) |  |  |
| Speech/Language (articulation, comprehension, communication) |  |  |
| Toileting |  |  |
| Sensory Processing (over sensitivity to sounds, touch, movement, textures) |  |  |

Please elaborate on any areas noted as being delayed or an area of concern:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child ever received related services such as speech/language therapy, physical therapy, or occupational therapy?

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Please list any significant accidents or illnesses that have occurred?

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Does your child have any medical diagnoses?

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Please list any medications your child currently takes and what it is used to treat:

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**Educational History**:

Current school and grade:

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Please list the name of previous schools and which grades were attended at each:

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Does your child currently receive accommodations or special education services (IEP, 504)?

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Please check all that apply regarding your current concerns:

( ) Deficient learning skills

( ) Low academic performance

( ) Behavioral/emotional difficulties

( ) Attention/concentration difficulties

Description of your child’s strengths and needs:

**Strengths: Check all that apply**

( ) Reads at or above grade level ( ) Completes assigned tasks

( ) Mathematics at or above grade level ( ) Does assignments promptly

( ) Writes in concise and clear style ( ) Demonstrates motivation

( ) Highly developed vocabulary ( ) Cooperative

( ) Achieves at or above grade level in content areas ( ) Demonstrates leadership ability

( ) Receives mostly A’s and B’s in school ( ) Appears self-confident

( ) Works well independently ( ) Popular with classmates

( ) Creative and curious ( ) Proficient verbal skills

( ) Follows instructions easily ( ) Communicates effectively

( ) Skilled in problem-solving and reasoning ( ) Expresses knowledge easily

( ) Frequently contributes in class ( ) Speech flows smoothly

( ) Exceptional ability to acquire knowledge ( ) Well developed gross motor skills

( ) Exceptional ability to organize, store, and retrieve knowledge ( ) Well developed fine motor skills

( ) Attentive and focused

**Concerns: Check all that apply**

**A. Academic Skills**:

( ) Poor word recognition skills ( ) Poor Handwriting

( ) Poor decoding and phonetic based skills ( ) Deficient in math calculation skills

( ) Letter reversals or substitutions ( ) Difficulty with math problem-solving

( ) Poor reading fluency (rate/speed) ( ) Difficulty with math word problems

( ) Poor understanding of what has been read ( ) Difficulty memorizing math facts

( ) Poor memory of what has been read ( ) Poor math fluency (speed of recall)

( ) Deficient vocabulary skills ( ) Achieves below grade level in content

( ) Difficulty with written expression areas such as social studies, science,

( ) Poor organization of ideas in writing foreign language, or electives

( ) Difficulty getting ideas down onto paper ( ) Difficulty acquiring knowledge

( ) Poor in spelling ( ) Difficulty remembering facts and details

( ) Works slowly on writing tasks ( ) Difficulty organizing, storing and

( ) Frequently reverses letters and numbers retrieving knowledge

( ) Difficulty expressing and demonstrating

 knowledge

**B. Work Habits and Attention/Concentration Skills**:

( ) Difficulty concentrating ( ) Disorganized work habits

( ) Difficulty following directions ( ) Short attention span

( ) Abandons difficult tasks ( ) Daydreams excessively

( ) Difficulty making transitions ( ) High activity level compared to peers

( ) Requires constant supervision for class work or homework ( ) Impulsive/acts before he/she thinks

( ) Difficulty completing assignments or homework ( ) Difficulty making transitions

( ) Works too fast/makes careless errors ( ) Distracts those around him

**C. Social/Behavioral/Emotional Development**:

( ) Destructive ( ) Cries easily

( ) Physically aggressive ( ) Is overly sensitive

( ) Provokes/aggravates others ( ) Makes excuses

( ) Oppositional or Defiant ( ) Demonstrates immature behavior

( ) Talks about morbid themes ( ) Frequently irritable or moody

( ) Poor self-concept ( ) Tantrums or angry outbursts

( ) Anxious ( ) Low frustration tolerance

( ) Frequent physical complaints ( ) Blames others

( ) Appears depressed or withdrawn ( ) Fights with others

( ) Poor social skills ( ) Attention-seeking

( ) Difficulty making or keeping friends ( ) Disruptive

( ) Consistently demonstrates inappropriate emotional responses ( ) Talks about harming self or others

**D. Communication skills:**

( ) Difficulty using and understanding language ( ) Difficulty listening or comprehending

( ) Difficulty communicating basic wants and needs spoken language

( ) Indistinct articulation ( ) Slow, labored speech

( ) Difficulty in oral expression ( ) Reluctant to communicate in groups

**E. Physical:**

( ) Impaired vision ( ) Hyperactive/impulsive

( ) Impaired hearing ( ) Poor gross motor skills

( ) Frequently gets hurt ( ) Difficulty copying onto paper

( ) Frequent physical complaints ( ) Poor fine motor coordination

**Interventions:**

What strategies or interventions have been attempted to try to remediate areas of concern?

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**Social/Emotional History**:

Please describe your child’s personality and temperament:

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What are your child’s strengths and/or accomplishments?

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What are your child’s weaknesses?

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What are your child’s special interests, hobbies, or extracurricular activities? What does your child like to do in his/her free time?

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Describe any family situations you feel may help us understand your child. Include any major changes or stressors that your child has experienced.

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