

CHILD INTAKE FORM

Date file opened: _____

Please complete on behalf of your child

Name of person completing this form: _____

Your relation to the child _____ Phone: _____ Email: _____

Name of other parent/legal guardian: _____

Phone: _____ Email: _____

Child's first name: _____ Last name: _____

Age: _____ Birth day: _____ Month: _____ Year: _____

Ethnicity: _____ Religion: _____ Sex/gender: _____

Home address: _____

Who does your child live with? _____

ACADEMIC INFORMATION:

Name of child's school: _____ Grade/year: _____

Program: _____ Typical grades: _____

Areas of strength: _____, _____, _____

Challenges: _____

HOW DID YOU FIND LEARNING BY CONNECTING:

Word of mouth I'm a former client Psychologist Rec. Doctor Google Other: _____

THE REASONS FOR YOUR CHILD'S VISIT:

How intense are your child's educational distress? (Mild) 1 2 3 4 5 6 7 8 9 10 (Severe) Please describe:

Overall, how much do learning issues affect your child's ability to perform at school, get along with others, and perform daily tasks such as chores? (Mildly disruptive) 1 2 3 4 5 6 7 8 9 10 (Incapacitating) Please describe:

When did these problems start? What educational issues concern you the most?

Please list any medical or "physical" problems that your child has been diagnosed with:

Please list any medications your child currently takes, and what they are taken for:

MEDICAL INFORMATION:

Name of Family doctor: _____ Phone: _____

Last check-up was during the month of: _____ Year: _____

Results: _____

MENTAL HEALTH TREATMENT HISTORY Has your child ever been hospitalized for psychological or psychiatric reasons? No___ Yes___ If yes, please describe when and where, and for which reasons.

CURRENT HABITS

Please describe your child’s current habits in each of the following areas:

- Smoking: _____
- Drinking: _____
- Drug use: _____
- TV use: _____
- Internet use: _____
- Video game use: _____
- Caffeine intake: _____
- Exercise: _____
- Eating: _____
- Sleeping: _____
- Fun and relaxation: _____
- Chores and responsibilities: _____

POSITIVE SKILLS AND QUALITIES

What do you like about your child?

What qualities have helped your child to succeed at overcoming difficulties in the past?

Please tell us about your child’s interests (sports, hobbies, talents, etc.)

Does your child agree that the problem that she or he is seeking help for is problematic?

What are some goals for your child’s education sessions?

Is there anything else that you would like to mention?
