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General Intake Form

Student Information

Today's Date: _____

Student's first/last name: _____

Student's date of birth: _____

Gender: _____

Ethnicity: _____

Primary language: _____

Other languages: _____

Street address: _____

City: _____ State: _____ Zip: _____

Locations student has lived (cities/dates): _____

Family Information

Mother's name: _____

Legal custody: Yes _____ No _____

Home phone: _____ Cell phone: _____

Email: _____

Address, if different from student's, above: _____

Father's name: _____

Legal custody: Yes _____ No _____

Home phone: _____ Cell phone: _____

Email: _____

Address, if different from student's, above: _____

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Guardian's name, if applicable: _____

Legal custody: Yes _____ No _____

Home phone: _____ Cell phone: _____

Email: _____

Address, if different from student's, above: _____

Siblings' names and ages:

_____

Birth History/Development

Pregnancy (Any problems?): _____

_____

Delivery (Any problems?): _____

_____

Developmental milestones (months):

First words _____

First sentences _____

Sitting _____

Standing _____

Walking _____

Toilet training _____

Speech concerns (stuttering, delayed, articulation): _____

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Current Functioning

Describe the student's support network (e.g., friends/family). _____

_____

What are the student's strengths, skills, and talents? _____

_____

What are the student's interests, hobbies, and passions? _____

_____

Presenting concern: _____

_____

Medical History

Hearing/vision (last examination/results): _____

_____

Physician visits (frequency/date of last visit): _____

_____

Family medical/mental health history (List.): _____

_____

Student medical diagnoses (List.): _____

_____

Illnesses/injuries/allergies (Include age.): _____

_____

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Medications (List.):

_____

School History

Schools attended (List all.):

Preschool(s): _____

Elementary school(s): _____

Middle school(s): _____

High school(s): _____

Student's grade history: Excellent _____ Good _____ Poor _____ Mixed _____

Has the student ever been retained? Yes ___ No ___ If yes, at what grade? _____

Has the student ever received Special Education/504 services? Yes ___ No ___

School/Behavioral concerns:

- ☐ Referrals/suspensions
- ☐ Homework
- ☐ Learning problems
- ☐ Attendance
- ☐ Poor grades
- ☐ Teased/bullied
- ☐ Speech problems

- ☐ Distractibility
- ☐ Eating concerns
- ☐ Argumentative
- ☐ Hyperactive/impulsive
- ☐ Fatigue
- ☐ Irritability
- ☐ Lacks motivation
- ☐ Obsessive/compulsive behavior
- ☐ Oppositional behavior
- ☐ Memory concerns
- ☐ Anxiety
- ☐ Toileting problems
- ☐ Sadness/withdrawal
- ☐ Low self-esteem
- ☐ Mood swings
- ☐ Physical pain

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Do any of the above problems affect the student's functioning in the areas below?

- ☐ In their everyday activities
- ☐ Student's Self-esteem
- ☐ Student's Relationships
- ☐ Student's School Life
- ☐ Student's Hygiene
- ☐ Student's Health

Has the student ever had thoughts or made statements about harming themself or others? Yes ____ No ____

Has the student ever harmed themself or others? Yes ____ No ____

Has the student experienced any traumatic events? Yes ____ No ____

Is the student experiencing identify issues (e.g., gender, cultural)? Yes ____ No ____

Counseling? Yes ____ No ____
Hospitalizations? Yes ____ No ____
Tutoring? Yes ____ No ____
Drug/alcohol treatment? Yes ____ No ____

Additional interventions (List.): _____

_____

Anything else you wish to share: _____

_____

_____

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