Student Intake Information Form

General Information

Student Information

Today'sDate:________________

- Student's Name:_________________________ Gender:_____ Age:______ DOB:_________
- Please describe the nature of this student's difficulties: ________________________________

  ____

  ____
- School presently attending: _________________________________ Current grade:________
- Phone: (   )_______________ Date started: _____________ Teacher:_________________

→ **I have receieved and agree with the informed consent:** ❑ **No** ❑ **Yes**

Referral Information

- Referred by: _________________________ Phone number: (   ) _____________________
- Address:______________________________ City:__________________Zip Code:_______

Parent Information

- ***Mother:*** Name: _______________________ • ***Father*:** Name: _______________________
- ***Step-Parent*:** Name: ____________________ • ***Step-Parent*:** Name: ____________________

Psychosocial History

Parents

- Education level of Mother: ____________ Occupation: ______________________________
- Mother's ethnicity:

  ❑ Caucasian ❑ African American ❑ Hispanic ❑ Asian/Asian American

  ❑ Native American ❑ Other:_____________________________
- Education level of Father: _____________ Occupation: ______________________________
- Father's ethnicity:

  ❑ Caucasian ❑ African American ❑ Hispanic ❑ Asian/Asian American
  ❑ Native American ❑ Other:_____________________________

- If parents are separated or divorced**:** Date:______________ Student's age:______________

Student's reaction: ____

What are the current legal custody arrangements? ❑ Joint legal ❑ Other, ____________

What is the current living and visitation arrangement? _______________________________

→ **Please note, if parents are *divorced*, <u>you must attach a copy of the legal custody agreement and both parents must sign an informed consent</u>.**

- Is a parent deceased? ❑ No ❑ Yes If yes, please describe: ____________________
- Was the student adopted ? ❑ No ❑ Yes If yes, student's age at adoption _________
- Are there any family problems or recent changes that you feel might be contributing to this student's difficulties? ❑ No ❑ Yes If yes, please describe: __________________

  ____

Siblings

- Please list all siblings (including step-siblings), current ages, and gender:

  1.______________________________ 3.______________________________

  2.______________________________ 4.______________________________

Family Relationships

- Please describe this student's relationship with:

  Mother: ____

  Father: ____

  Siblings: ____

  Others: ____

- Please describe the parenting styles of each parent:

  ____

  ____

- At present, what behavior is the most difficult for you to handle? _____________________

  ____

- How do you and your spouse handle discipline issues?_______________________________

  ____

- How much supervision does this student need?

  ❑ More than peers ❑ About the same as peers ❑ Less than peers

Developmental History

Pregnancy

- Mother's overall health during pregnancy: ____

  ____

- Was mother exposed to any infectious diseases (e.g., rubella, syphilis, AIDS, toxoplasmosis) during the pregnancy? ❑ No ❑ Yes
- Medications used by mother during pregnancy:
  ❑ None
  ❑ Prescription medications,
  Name:____
  ❑ Non-prescription medications,
  Name:____
  ❑ Caffeine ❑ Tobacco ❑ Alcohol ❑Other:_______________________
- Mother's diet during pregnancy: ❑ Good ❑ Average ❑ Poor
- Did mother take daily vitamins during her pregnancy? ❑ No ❑ Yes
- Medications used by father 6 months prior to pregnancy:
  ❑ None
  ❑ Prescription medications,
  Name:____
  ❑ Non-prescription medications,
  Name:____
  ❑ Caffeine ❑ Tobacco ❑ Alcohol ❑Other:_______________________
- Father's diet prior to pregnancy: ❑ Good ❑ Average ❑ Poor
- Was the father's exposed to high amounts of teratogens such as radiation, lead, or pesticides prior to pregnancy? ❑ No ❑ Yes

Birth

- Mother's age at delivery: ____________ Any labor or birth complications: ______________
  ____
  APGAR Scores (if known) : 1 min. _________ 5 mins. ________ 10 mins._________
  ❑ Premature, weeks early:________ ❑On Time ❑ Late, weeks late: ________
  ❑ Evidence of fetal distress:____
- Was the baby taken away following delivery? ❑ No ❑ Yes
- Was the baby allowed to nurse following delivery? ❑ No ❑ Yes
- Father's age at delivery: _____________

Sensory Functioning

- Are you aware of any problems your child has processing sensory information (e.g., visual, auditory, touch, taste, smell)? If yes, please explain: _________________________________
  ____
- Is your child "hypersensitive" to, or does it cause your child undue stress/anxiety, when s/he encounters: ❑ light touch ❑ sudden movement ❑ high frequency noises

❑ excessive noise ❑ excess of visual stimuli ❑ certain smells
❑ certain foods/tastes

Early Development

- Did the baby "nestle"? ❑ No ❑ Yes
- Did the baby prefer separate space to being held? ❑ No ❑ Yes
- Did the baby prefer to be tightly wrapped or "swaddled"? ❑ No ❑ Yes
- Was the baby's cry soothed when: …fed? ❑ No ❑ Yes …held?❑ No ❑ Yes
  …changed? ❑ No ❑ Yes…bathed? ❑ No ❑ Yes …rocked? ❑ No ❑ Yes
- Was the baby breast fed? ❑ No ❑ Yes
- Were there *feeding problems*? If yes, please describe:________________________________
- Did the baby sleep in a separate crib? ❑ No ❑ Yes
- Was the crib in the same room with mother? ❑ No ❑ Yes
- What was the *general temperament* of this student during the early years?
  ❑ Easy, adaptable ❑ Withdrawn, slow to adapt ❑Difficult, intense reactions ❑ Colicky
- Did the baby attach to the primary caretaker? ❑ No ❑ Yes
- Who was the primary caretaker? ________________________
- Would you consider the *early attachment* between mother and baby:
  ❑ Strong ❑ Moderate ❑ Weak
- How would you describe this student's early *sleeping patterns?*
  ❑ Regular and predictable ❑ Irregular and unpredictable
  ❑ Required very little sleep ❑ Required much sleep
- How would you describe this student's early *feeding patterns?*
  ❑ Regular and predictable ❑ Irregular and unpredictable
  ❑ Required little food ❑ Required much food
- What was this student's early *general activity level?*
  ❑Hyperactive ❑ Active ❑ Average ❑ Low energy ❑ Lethargic
- In general, was this student: ❑ Easy to care for ❑ Difficult to care for
- How did this student respond to *changes in routine* or to *transitions*?
  ❑ Easy, adaptable ❑ Withdrawn, slow to adapt ❑Difficult ❑Crying/Screaming
- Did *toilet training* present any difficulties? ❑ No ❑ Yes If yes, please describe:
  ____
- Was this student exposed to *physical abuse*? ❑ No ❑ Yes
- Was this student exposed to *emotional abuse*? ❑ No ❑ Yes
- Was this student exposed to *sexual abuse*? ❑ No ❑ Yes
- Was this student exposed to any traumatic events? ❑ No ❑ Yes, what: ______________
  ____

- Please describe any other *significant events* during this student's early years (e.g., postpartum depression, illness, trauma, moves, marital difficulties) and their impact on this student:

  ____
  ____

- Age when you noticed that something was not quite right with you child? ___________

- What were the first symptoms you noticed that concerned you?

  ____
  ____

- Has your child's functioning declined in any area? If yes, please describe:

  ____
  ____

Language Development

- During the first year of life, other than crying, would you say that this student was a:
  ❑ Silent or very quiet baby ❑ Very noisy baby ❑ Verbally interactive baby
- How was this student's language development? ❑ Consistent ❑ With significant breaks
- First spoken words: ❑ Early ❑ Typical ❑ Late
- First spoken sentences: ❑ Early ❑ Typical ❑ Late
- Does this student have any trouble:
  - Making certain speech sounds? ❑ No ❑ Yes
  - Understanding language? ❑ No ❑ Yes
  - Describing events and/or telling a story coherently? ❑ No ❑ Yes
  - Hearing subtle differences in words (e.g. pin/pen)? ❑ No ❑ Yes
  - Tended to use somewhat odd phases? ❑ No ❑ Yes
  - Tend to repeat the same phrase over and over? ❑ No ❑ Yes
  - Engage in "small talk" or use language primarily to participate in a social interchange? ❑ No ❑ Yes
  - Participate in reciprocal conversation with peers? ❑ No ❑ Yes
  - Use socially inappropriate questions or statements? ❑ No ❑ Yes
  - Sometimes use words that are odd or made up? ❑ No ❑ Yes
  - Regularly talk outloud to him/herself? ❑ No ❑ Yes
  - Uses inappropriate volume, rate, or pitch in speech? ❑ No ❑ Yes
- Have difficulty communicating with other's his/her own age? ❑ No ❑ Yes

- Overall, do you feel that this student's language development was:
  ❑ Slower than peers ❑ About the same as peers ❑ Ahead of peers
- Student's primary language: ❑ English ❑ Other: ___________________________
- Languages spoken in the home: ❑ English ❑ Other: ___________________________

Motor Development

- Sitting alone: ❑ Early ❑ Typical ❑ Late
- Crawling: ❑ Early ❑ Typical ❑ Late
- Standing alone: ❑ Early ❑ Typical ❑ Late
- Walking alone: ❑ Early ❑ Typical ❑ Late
- Does this student have difficulty with *gross motor tasks,* e.g. balancing, hopping, running?
  ❑ No ❑ Yes If yes, please explain: ________________________________
- Do you have concerns about this student's *fine motor* abilities, e.g. cutting, eating, writing?
  ❑ No ❑ Yes If yes, please explain:________________________________

Overall, do you feel that this student's motor development was:

❑ Slower than peers ❑ About the same as peers ❑ Ahead of peers

Medical History

Physician/Pediatrician

- Name:__________________________ Address:________________________________
- City:____________________ Zip:_____________ Phone: ( )___________________

Other Professionals

- Type of Service:____
- Name:__________________________ Address:________________________________
- City:____________________ Zip:_____________ Phone: ( )___________________

- Type of Service:____
- Name:__________________________ Address:________________________________
- City:____________________ Zip:_____________ Phone: ( )___________________

Health Record

- Date of last physical: __________________________
- Please describe this student's current health: _____________________________________
  ____
- Does this student have any health problems that need to be addressed? _________________
  ____
- Please rate this student's overall diet: ❑ Good ❑ Average ❑ Poor
- Hearing: ❑Normal ❑Below average ❑Wears aid Date of last check: ________
- Vision ❑Normal ❑Below average ❑Wears glasses Date of last check: ________
- Current height: ___________________ Current weight: _________________
- How many cups of caffeinated beverages does your child drink a day? _________________

- Does your child have a regular sleep schedule?❑ No ❑ Yes
- Does your child have any problems falling or staying asleep? If yes, explain: ____________
  ____
- Has your child ever participated in a sleep study? ❑ No ❑ Yes If yes, explain: _________
  ____

Medications

- Please list any prescription medications this student is currently taking (e.g., stimulants, anti-depressants, tranquilizers, painkillers): ______________________________________
  ____
- List any medications this student child has taken regularly in the past:___________________
  ____

Conditions

- Has this student ever suffered from any of the following? *(check all that apply)*

Condition:	When?	Comments:
❑ Accidents		
❑ Allergies		
❑ Asthma		
❑ Ear Infections		
❑ Head Injuries		
❑ Hospitalizations		
❑ Neurological Sx's		
❑ Other Injuries		
❑ Seizures		
❑ Thyroid Problems		
❑ Tics		
❑ Other		
❑ Other		

Psychiatric History

Family Mental Health History

- Has anyone in your *immediate or extended biological family* ever suffered from:

Condition:	Who?	Comments:
❑ Abuse Issues		
❑ ADHD/ADD		
❑ Alcoholism		
❑ Anxiety		
❑ Asperger's/Autism		

❑ Bipolar Disorder		
❑ Depression		
❑ Epilepsy/Seizures		
❑ Learning Disability		
❑ Psychosis		
❑ Substance Abuse		
❑ Suicidal Behavior		
❑ Other		

- Please list any past or current psychological or emotional difficulties:____________________

  ____

  ____

Behavior Checklist *(Please check all areas that are currently concerning you)*

❑ Aggression toward others
❑ Aggression toward self
❑ Anxious
❑ Bed wetting
❑ Depression
❑ Eating problems
❑ Fears
❑ Finger sucking
❑ Immature
❑ Lying
❑ Oppositional
❑ Passive/Withdrawn
❑ Physical complaints
❑ Separation difficulties
❑ Sexual acting out
❑ Sleeping problems
❑ Stealing
❑ Stuttering/Tics
❑ Substance abuse
❑ Tearfulness
❑ Temper tantrums
❑ Tired
❑ Trouble with law
❑ Truancy
❑ Other:_____________
❑ Other:_____________

Attentional Checklist *(Please check all areas that begun prior to age seven and those items that are a current concern)*

- Is your child a video game player? ❑ No ❑ Yes, hours per day: __________
- What level video game player? ❑ Beginner ❑ Intermediate ❑ Advanced

Inattention

Before age 7	Present	Behavior
❑	❑	Often fails to give close attention to details or makes careless mistakes.
❑	❑	Frequently has difficulty sustaining attention in tasks.
❑	❑	Regularly does not seem to listen when spoken to directly.
❑	❑	Repeatedly does not follow through on instructions and fails to finish tasks.
❑	❑	Has difficulty getting organized.
❑	❑	Avoids or dislikes tasks that require sustained mental effort.

❑	❑	Often loses things necessary for tasks or activities.
❑	❑	Is easily distracted by noises outside (e.g. birds, voices next door, cars).
❑	❑	Is frequently forgetful in daily activities.
❑	❑	Tunes in and out or drifts away in conversations.
❑	❑	Needs to reread a paragraph or page because of daydreaming.
❑	❑	Hard to attract his/her attention.
❑	❑	Loses attention unless very interested.
❑	❑	Yawns, stretches, or looks tired while doing "boring" tasks.
❑	❑	Has trouble awaking in the morning.
❑	❑	"Multitasks" to keep focused on certain tasks (rapid shifting of attention from one task to another; doing several things at once).

Hyperactivity

Before age 7	Present	Behavior
❑	❑	Excessively restless (fidgets, squirms, shakes leg, taps feet, paces, doodles).
❑	❑	Trouble sitting still (compared to peers).
❑	❑	Must be doing something nearly all the time.
❑	❑	Is often "on the go" or often acts as if "driven by a motor."
❑	❑	Talks excessively.
❑	❑	Takes on projects simultaneously, but has trouble finishing them on time.
❑	❑	Is frequently in search for high stimulation.
❑	❑	Has a hard time relaxing.
❑	❑	Is generally impatient.
❑	❑	Changes the radio station or TV stations frequently.

Impulsivity

Before age 7	Present	Behavior
❑	❑	Has a tendency to say what comes to mind without necessarily considering the timing or appropriateness of the remark.
❑	❑	Has trouble waiting for his/her turn.
❑	❑	Tends to interrupt others.
❑	❑	Has trouble going through established channels in getting things done.
❑	❑	Is frequently impatient and has a low frustration tolerance.
❑	❑	Is impulsive in the spending of money.
❑	❑	Is "hot-tempered."
❑	❑	Is intolerant of boredom.
❑	❑	Has a tendency toward addictive behavior.

❑	❑	Has a very hard time reading directions first.
❑	❑	Feels like exploding inside when someone has trouble getting to the point.
❑	❑	Often gets involved in a situation without having planned it out.
❑	❑	Has trouble keeping secrets.
❑	❑	Is accident-prone.

Other

Before age 7	Present	Behavior
❑	❑	Has an ability to "hyperfocus" on some activities (e.g. video games).
❑	❑	Has problems with self-discipline.
❑	❑	Often procrastinates.
❑	❑	Has trouble getting started on things
❑	❑	Has trouble with time-management.
❑	❑	Has trouble organizing (keeping an updated calendar or checkbook).
❑	❑	Works best in short spurts followed by a break.
❑	❑	Has a history of underachievement.
❑	❑	Has mood swings, mood lability.
❑	❑	Has chronic problems with self-esteem.
❑	❑	Has difficulty making himself understood to others.
❑	❑	Is drawn to situations of high intensity.
❑	❑	Is unable to estimate time and space well.

Academic History

Early Education

- Was this student read to nightly as a child? ❑ No ❑Yes
- Was this student able to listen and attend to stories? ❑ No ❑Yes
- Did this student attend preschool? ❑ No ❑Yes Type: ________________
- Did this student attend kindergarten? ❑ No ❑Yes Name: ________________

Elementary School, Name: ____

- Type of school: ❑ Public ❑ Private
  ❑ Regular education ❑ Special education ❑ Gifted program
- Type of program: ❑ Regular classroom ❑ Regular classroom with resource room
  ❑ Special day class (SDC) ❑ Resource Room with mainstreaming
- Number of students in the classroom: ________________

Middle School, Name: ____

- Type of school: ❑ Public ❑ Private

- Type of program: ❑ Regular education ❑ Special education ❑ Gifted program ❑ Regular classroom ❑ Regular classroom with resource room ❑ Special day class (SDC) ❑ Resource Room with mainstreaming

High School, Name: ____

- Type of school: ❑ Public ❑ Private
- Type of program: ❑ Regular education ❑ Special education ❑ Gifted program ❑ Regular classroom ❑ Regular classroom with resource room ❑ Special day class (SDC) ❑ Resource Room with mainstreaming

Special Services *(Please check all special services this student has received)*

Service	Current	Past	Frequency/Comments
Speech/Language	❑	❑	
Counseling	❑	❑	
Peer tutoring	❑	❑	
Adaptive P.E.	❑	❑	
Educational therapy	❑	❑	
Teacher help	❑	❑	

- Does this student have an *Individual Education Plan* (IEP) written at school? ❑ No ❑ Yes
- List any *special accommodations* this student is receiving at school:____________________

____

School Performance

Please rate this student's academic skills and supply a copy of his/her most recent report card.

Academic Skill	Superior	Above Average	Average	Below Average	Very Poor	Typical Grade	Current Grade
Reading							
Spelling							
Writing							
Math							
Science							
Social Science							

Please rate this student's scores on *Standardized Achievement Testing* and please supply a copy.

Test Area	Superior	Above Average	Average	Below Average	Very Poor
Reading					
Spelling					
Writing					
Math					
Science					
Social Science					

Please check any learning issues that apply to this student.

	Learning issues
❑	Slow to learn the connections between letters and sounds.
❑	Trouble learning to blend sounds to make words.
❑	Makes consistent reading and spelling errors.
❑	Problems remembering sequences.
❑	Trouble learning to tell time.
❑	Slow to learn new skills.
❑	Has difficulty planning.
❑	Slow to learn prefixes, suffixes, root words, and other reading strategies.
❑	Avoids reading out loud.
❑	Has difficulty with word problems in math.
❑	Avoids reading and writing tasks.
❑	Works slowly.
❑	Has difficulty understanding and/or generalizing concepts.
❑	Frequently misreads directions/information.
❑	Confuses the order of letters in words.
❑	Doesn't recognize words previously learned.
❑	Doesn't recognize the correct spelling of words.

- Does this student demonstrate *visual perceptual* difficulties (e.g., letter reversals; confusion between similar letters such as b/d or p/q, words, or numbers; problems copying from the board; difficulty lining up math problems) ❑ No ❑Yes
- Has this student demonstrated *auditory processing* difficulties (e.g., inconsistent following long oral directions; confusing similar sounding words such as mail and nail) ❑ No ❑ Yes
- Does this student miss school regularly? ❑ No ❑ Yes If yes, Please explain:

  ____
- Has this student had *disciplinary* problems? ❑ No ❑ Mild ❑ Moderate ❑ Severe
- Has this student ever been: ❑ Expelled ❑ Suspended ❑ In Saturday School
- Has this student been retained? ❑ No ❑ Yes, grade: ____________
- Do you think this student has had a strong education to date? ❑ No ❑Yes
- Importance of this student's education: ❑ Extreme ❑ Moderate ❑ Mild
- Please describe this student's current adjustment to school: ___________________________

  ____

Personality and Social Relationships

- Please describe this student's personality and observed self-esteem: ____________________

  ____

- What are this student's favorite activities/interests? ___________________________________

____

- How does this student respond to chores? ____

____

- What are this student's strengths?____

____

- What are this student's weaknesses?____

____

- Does this student: *(Please check all that apply)*
  - ❑ Seem aware of his/her strengths or weaknesses.
  - ❑ Actively participate in important decisions that affect his/her life.
  - ❑ Persist in spite of adversity.
  - ❑ Have ways of dealing with stress.
  - ❑ Set reasonable goals and understand the step-by-step process of attaining goals.
  - ❑ Have significant others who hold clear, realistic expectations.
  - ❑ Receive and utilize support, guidance, and encouragement from significant others.

Peer Relationships

- Does this student:
  - Look directly in the eyes of people they are talking with? ❑ No ❑ Yes
  - Does this student offer to share with others? ❑ No ❑ Yes
  - Offer comfort to other's who are hurting? ❑ No ❑ Yes
  - Demonstrate a normal range of facial expressions? ❑ No ❑ Yes
  - Have facial expressions that are appropriate for content? ❑ No ❑ Yes
  - Display social responses that are generally appropriate? ❑ No ❑ Yes
  - Show interest in peer's his/her own age? ❑ No ❑ Yes
  - Engage in group play with other's his/her age? ❑ No ❑ Yes
  - Is often engaged in internal fantasy/dialogue?* ❑ No ❑ Yes
  - Have unusual interests or behaviors?* ❑ No ❑ Yes
  - Exhibit intense special interests?* ❑ No ❑ Yes
  - Repetitively use objects or is preoccupied by certain parts of objects (e.g., spinning wheels of a car, open/shutting its doors)?* ❑ No ❑ Yes
  - Become easily over stimulated in play (maybe leading to jumping up and down or flapping hands or arms?* ❑ No ❑ Yes

- This student: ❑ Prefers to play alone ❑ Has one or two friends only ❑ Has many friends
- This student plays mostly with other children who are: ❑ Younger ❑ Same age ❑ Older
- This student prefers to play with: ❑ Boys ❑ Girls ❑ Both genders

- This student's friendships are: ❑ Very close ❑ Somewhat close ❑ Lacking in closeness
- In general, friendships that this student forms last: ❑ Years ❑ Months ❑ Weeks ❑ Days
- In play interactions with his/her peers, this student tends to:
  ❑ Be the leader ❑ Prefer to be a co-leader ❑ Prefer others to lead
- In competitive games, this student seems to: ❑ Need to win ❑ Want to win
  ❑ Want to lose ❑ Be unconcerned about winning/losing.
- In competition, this student: ❑Does his/her best ❑Gives up easily ❑Performs below abilities.
- This student has been bullied by others: ❑ No ❑ Yes If yes, please explain on back.
- Please describe any difficulties this student may have with peer interactions: _____________
  ____
- Do you have any concerns about this student's sexual development? ❑ No ❑ Yes

Additional Information

Please use the back of this page to include any additional information that you think I should know.