



Intake Questionnaire

Gender:
 Male Female

_____ **Last** _____ **First** _____ **MI** _____ **Date of Birth**

_____ **Address** _____ **City** _____ **State** _____ **Zip**

How did you hear about us?
 Referral Radio Newspaper Magazine Direct Mail Television Yellow Pages Web:
 Other Details: _____

Learning Strengths and Weaknesses

Indicate any diagnosis/labels/disorders that have been used to describe your child:

ADD Learning Disability Autistic/Asperger's/PDD Dyslexia/Reading Problem Physical Disability Gifted
 ADHD Cognitive Disability Emotional Disability Speech/Language Disability Traumatic Brain Injury Other _____

Indicate any problems in the following areas:

Reading Comprehension Reversals of letters or words Slow work
 Writing Avoidance of school or work Loses place/skips lines Works too hard
 Math Low self-esteem Poor memory Overly active
 Spelling Motivation/behavior Attention/concentration Other: _____

Is the student achieving at expected levels at school? Yes No (Comments) _____
 Has the student ever repeated a grade? Yes No Please explain _____

Type of classroom: Mainstream for all subjects Special classroom for all subjects Special classroom for some subjects

Indicate other problem areas: headaches vision speech or hearing Other: _____

List any past or current help, training, or tutoring utilized for the above concerns: _____

General Information

Mother's Name	Father's Name		
E-mail	Primary contact phone	Secondary phone	E-mail
	Primary contact phone	Secondary phone	

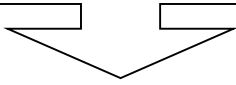
List occupation and employer of parent(s): _____

_____ **Physician's name** _____ **phone** _____ **address**

Is your child on medication for ADD/ADHD? ____
 List any other medications: _____

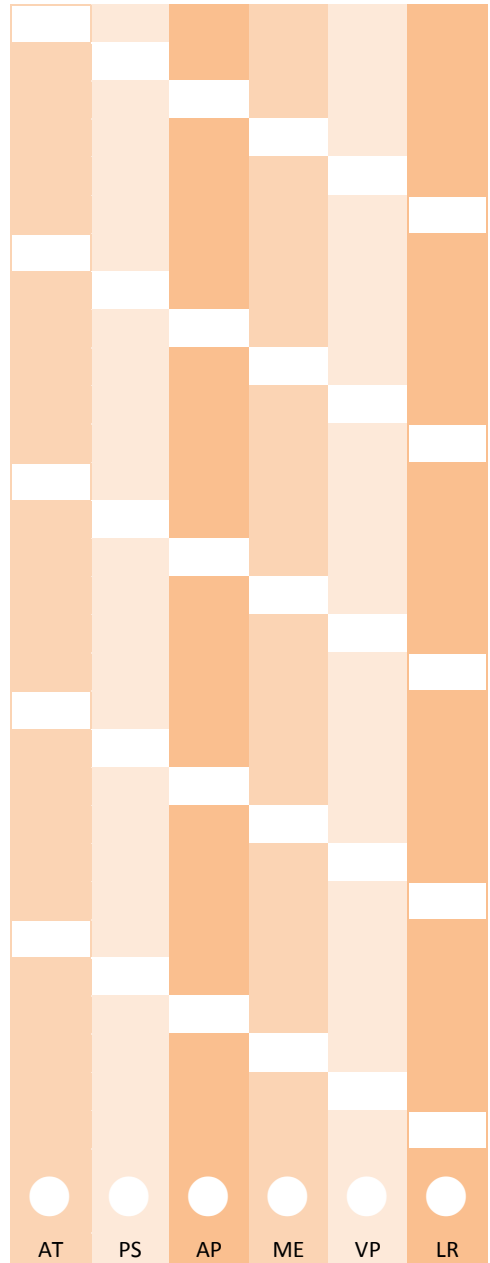
Rank each statement. Compared to kids the same age and gender, this behavior occurs _____ in my son/daughter.

- 0) less often OR doesn't apply to the age of this person
- 1) at about the same frequency
- 2) slightly more
- 3) considerably more
- 4) significantly more



Please put your response in the circle:

1. Distracted by other activities
2. Reading is slow
3. Poor reading comprehension.....
4. Often asks to have things repeated
5. Poor sense of direction or reading maps.....
6. Difficulty understanding stories or jokes.....
7. Has difficulty maintaining attention
8. Slow, deliberate speech.....
9. Makes spelling errors in written assignments
10. Has difficulty remembering telephone numbers.....
11. Jigsaw puzzles are difficult or avoided
12. Poor at or avoids games like chess and checkers.....
13. Has difficulty organizing activities.....
14. Writing assignments take a long time
15. Has difficulty sounding out unknown words.....
16. Needs to look multiple times when copying
17. Misreads similar words
18. Takes a while to catch on to new things
19. Has difficulty doing two things at once
20. Takes a long time to complete tasks.....
21. Oral reading is slow or choppy
22. Difficulty following verbal directions.....
23. Poor at or dislikes drawing.....
24. Doesn't like card games
25. Is impulsive
26. Avoids or has difficulty with video games
27. Needs words repeated when taking spelling tests.....
28. Has difficulty recalling stories and jokes.....
29. Has difficulties with word math problems.....
30. Has problems seeing the big picture



Total each column

- AT
- PS
- AP
- ME
- VP
- LR

The main reason for seeking this analysis is: _____
