



# Intake Questionnaire

**Gender:**  
 Male  Female

\_\_\_\_\_ **Last**      \_\_\_\_\_ **First**      \_\_\_\_\_ **MI**      \_\_\_\_\_ **Date of Birth**

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\_\_\_\_\_ **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	

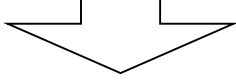
List occupation and employer of parent(s): \_\_\_\_\_

\_\_\_\_\_ **Physician's name**      \_\_\_\_\_ **phone**      \_\_\_\_\_ **address**

Is your child on medication for ADD/ADHD? \_\_\_\_  
 List any other medications: \_\_\_\_\_

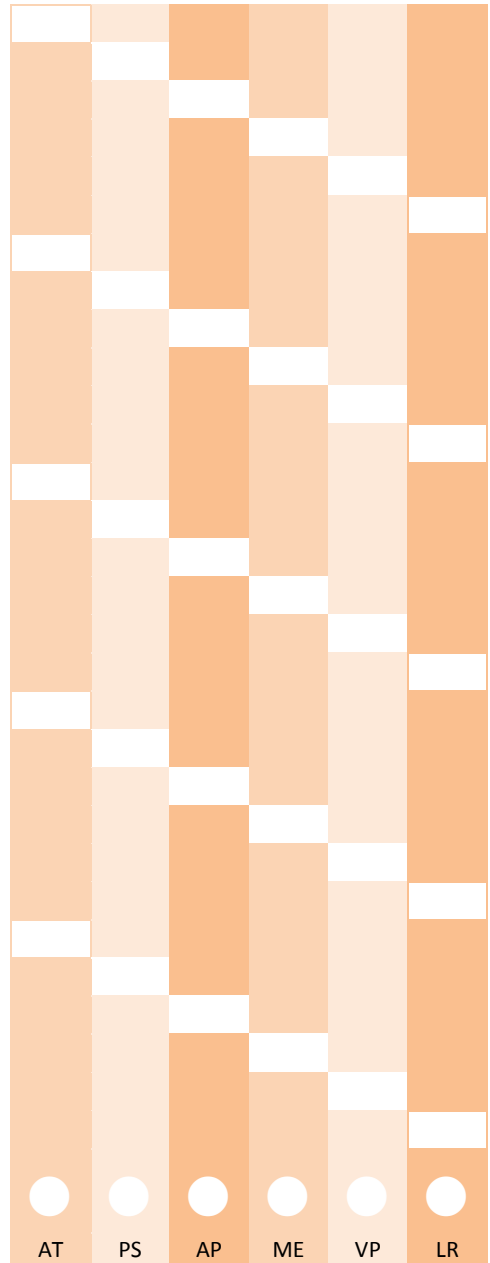
**Rank each statement.** Compared to kids the same age and gender, this behavior occurs \_\_\_\_\_ in my son/daughter.

- 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_