

Intake Questionnaire

Background

1. Student full name:
2. Current age:
3. Current grade level in school:
4. Date of birth:
5. Contact information.
 - a. Current mailing address:
 - b. Preferred email address(es):
 - c. Home phone(s):
 - d. Parent/guardian mobile phone(s)
6. List family members living in the home.
 - a. With whom does the student live? Include siblings and siblings' ages.
 - b. If separated or divorced, please list dates and if applicable, list names of step-parents, step-siblings or half-siblings. Also, please describe frequency and duration of visitation.
 - c. If raised by a guardian other than parent, please state relationship, dates and terms of guardianship.
7. List previous addresses (cities/towns) and dates of residence:
8. Native language:
 - a. Are any languages besides English spoken in the home? Which languages?
9. Parent/Guardian Information (please list the following for each parent):
 - a. High school and location.
 - b. Community college, undergraduate and/or graduate school attended. Include degrees earned.
 - c. Current occupation and place of employment.

Medical History

10. Please describe the nature of pregnancy/birth (i.e. full-term, complications).
 - a. Was the pregnancy full-term? If no, how many weeks?
 - b. Did Mother have any accidents, illnesses or other unusual conditions during pregnancy? If yes, please explain.
 - c. Were there any complications to mother or child at birth? If yes, please explain.

11. Was child adopted? If so, at what age? Please provide any relevant information regarding the adoption and biological parents.

12. What is the student's overall physical health?
 - a. List medical doctors (include name, area of specialization, and city/state)
 - b. Describe history of illnesses, conditions, injuries.
 - c. Has student suffered any head injuries or concussion? If so, please explain.
 - d. List any history of seizures? (dates and diagnoses if available)
 - e. List hospitalizations? Dates, reasons.

13. History of ear infections? Ear tubes? Tonsils or adenoids removed? If so, at what age?

14. Does student have any allergies? Please list and provide treatment, if any.

15. List student's medications.
 - a. Past medications (include dates)
 - b. Current medications (include dates and dosage details if available)

Medical History continued...

16. Vision and hearing.

- a. Date and result of recent vision exam.
- b. Date and result of recent hearing exam.
- c. Does student wear glasses or contact lenses?
- d. Is there a history of ear infections or tubes?

17. Describe student's eating patterns/habits

- a. Did student experience colic as a baby? If so, please explain.
- b. Is there any history of digestive conditions?
- c. Is student overweight, average, underweight?
- d. Is there any history of eating disorders?
- e. Any recent changes in appetite?
- f. Is there a history of stomach aches, chronic constipation/withholding or soiling?
- g. Describe eating patterns (e.g., typical, picky, avoidant, etc).

18. Describe student's sleeping habits.

- a. Does student have difficulty falling asleep or waking up? Explain.
- b. How soundly does your child sleep?
- c. How many hours of sleep does student typical get each night?

Developmental History

19. Describe student's development history.
 - a. Was expressive language development (e.g. utterances, words, sentences) on time, early or delayed? Explain.
 - b. Were physical milestones (e.g. standing, crawling or walking) on time, early or delayed? Explain
20. Any previous learning disabilities or attention deficit disorder previously diagnosed? If yes, please explain?
 - a. Diagnoses
 - b. Evaluator(s)
 - c. Date(s) of evaluation(s)
 - d. Do you have report to provide to Dr. Muir?
21. List all speech and language, occupational, vision, behavioral and psychological therapy.
 - a. Include names of providers and dates of services
 - b. Do you have reports to provide to Dr. Muir
22. Potty-training. Was student early, typical or late? Please explain.
23. Please describe student's temperament?
24. List student's strengths.
25. Describe student's ability to initiate and maintain friendships with peers and with adults?
26. Is there any documented or suspected history in the family of learning disorders, anxiety or mood disorders, or attention deficits? If so, what is the relationship to the student?
27. Legal. Any prior arrests? Convictions? Sentencing? Explain. Dates.
28. Any recent changes in family life (e.g. new baby, a divorce, a move to new home etc.)?

School Placement History

29. List the name of each school student has attended beginning with pre-school.
- Name of preschool/s. Location? Dates of enrollment?
 - Name of elementary school/s. Location? Dates of enrollment?
 - Name of middle school/s Location? Dates of enrollment?
 - Name of high school/s. Location? Dates of enrollment?
 - Name of community colleges, undergraduate and graduate schools where credits may have been earned. Location? Dates of enrollment?
30. History of accommodations
- Has the student been granted any formal accommodations, educational services, or related services mandated in elementary, middle school, high school, or college? DO you have copy of 504Plan or IEP to give to Dr. Muir?
 - Please list accommodations granted and dates.
 - Has the student been granted or denied accommodations from any standardized testing review board? If so, please state the outcome and list the specific accommodations granted.
 - Do you have documentation and correspondence from the review board (e.g. College Board), if applicable, to submit to Dr. Muir?
31. History of tutoring?
- If so, which subjects?
 - Provide tutor name/agency/s and dates of services.
 - Was tutoring effective? Explain.

Student Interests

32. Please describe your child's hobbies and interests.
 - a. How does the student spend his/her time after school?
 - b. How does the student spend his/her summer vacation?
33. If applicable, list job history (employer, position and dates of employment).
34. Has the student completed any volunteer or outreach activities? If so name organization and dates?

Additional Evaluation Information

35. What is the primary presenting challenge?
 - a. Reading (comprehension, fluency/speed, decoding/sounding out words)
 - b. Math (calculation, concepts, fluency/speed)
 - c. Writing (organization, execution, grammar, spelling, speed)
 - d. Oral Language (listening comprehension, oral expression)
 - e. Attention (focus, concentration, impulsivity, hyperactivity)
36. What is the primary goal of this evaluation?
37. Are there any other concerns or considerations that would be helpful for the examiner to know and understand? If yes, explain.
38. Please provide referral source (individual, organization, website, other).
39. Is there anything else that the evaluator should know?