

TERRY TUTORS

Serving The Whole Student

Consult Date: _____ Service Proposal Needed? _____

STUDENT & FAMILY INTAKE FORM

Student: _____ Age: _____ DOB: _____ Grade: _____

School: _____ No of Years Attending: _____ School District: _____

Parent(s): _____

Address: _____

Cell Phone: _____ Email: _____

Family Relationship

No. of Parents Residing in the Home: _____ No. of Siblings & Ages Residing in the Home: _____

Parents Relationship: Partnership Married Separated Divorced

Parent/Child Relationship: Biological Adopted Legal Guardian

Other Family Information: _____

Educational History

Current GPA/Grade Report: _____ IEP/IEE/504 Plan?: _____ Learning Difference? _____

Has Your Child Ever Been Held Back? _____ Expelled/Asked to Leave the School? _____

Resource or Enrichment Services at School _____

Other Educational Information: _____

Social/Emotional/Behavior Background

Consistently Makes Eye Contact? _____ Responds When Called? _____ Emotional Outbursts/Tantrums? _____

Behavior Diagnosis? _____

Behavior Support at Home? _____

Other Social/Emotional/Behavior Information: _____

Medical History

Hearing Checked Recently? _____ Vision Checked Recently? _____ Medical Diagnosis? _____

Rx Meds? _____ Homeopathic/Vitamins? _____

Regional Center Assistance? _____ Private Support Services? _____

Other Medical Information: _____

Goals

What are your Behavior Goals for your Child? _____

What are your Academic Goals for your child? _____

