

Intake Form



Name/Date of Birth

Address

Phone Number

School/Current Grade (if applicable)

Mother's Name, Phone #, Email Address

Father's Name, Phone #, Email Address

Permission to Communicate by Email?

Would you like to receive ongoing information from Learning Insights (e.g. research, workshop offerings, etc.)?



Specific Questions You Would Like Answered as a Result of the Assessment

Referred by:



Gestational Period/Birth Weight

Any Pregnancy Complications?

Any Delivery Complications?

Any Developmental Delays?

Any Early Intervention Services?



Family Composition/Ages

Inheritable Conditions (ADHD? Alzheimer's? Schizophrenia? Bipolar Disorder? Dyslexia? Autism Spectrum Disorder? Any other psychological or medical condition?)

Traumatic Events (accidents, deaths, natural disasters, divorce, abuse, etc.)



List School for Each Grade and Note Any Retentions	
Preschool	
Kindergarten	
First Grade	
Second Grade	
Third Grade	
Fourth Grade	
Fifth Grade	
Sixth Grade	
Seventh Grade	
Eighth Grade	
Ninth Grade	
Tenth Grade	
Eleventh Grade	
Twelfth Grade	
College	
Graduate School	
Special Education Services Received? If so, please specify what type and when.	
Academic Interests	
Academic Challenges	
Outside Tutoring/Enrichment Programs	



Serious Illnesses?

Serious Injuries?

Surgeries/Hospitalizations?

Last Vision Evaluation Date/Result

Last Hearing Evaluation Date/Result

Sleep /Appetite Concerns?

Any ongoing medical evaluations or concerns?



Any Social Concerns?

Recreational Interests

Personal Strengths and Talents