

**RICH EDUCATIONAL CONSULTING**

"Where the Only Limitation is the Imagination"  
5068 Plano Parkway #300  
Plano, Texas 75093

Phone: 972-447-8390 [www.richeducationalconsulting.com](http://www.richeducationalconsulting.com) Fax: 972-447-8391

**Child/Adolescent Intake Form**

Date: \_\_\_\_\_  
Child's Name \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Reason for Referral  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by  
\_\_\_\_\_  
Parents/Legal Guardian

Address  
\_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

Other family members living in the home

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

How does child relate to other family members?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you concerned about the way your child relates to other family members? Circle Yes No If yes, why?  
\_\_\_\_\_

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Medical History

Pregnancy

Weeks \_\_\_\_\_

Complications

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Delivery

Length of Labor

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Complications

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Child's birth weight \_\_\_\_\_

NICU stay

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Adopted \_\_\_\_\_

Date of Adoption \_\_\_\_\_

Age at Adoption \_\_\_\_\_

Past Illnesses

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\_\_\_\_ Past hospitalizations

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Allergies

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Current Medications (please include dosage and what condition for which medication is prescribed)

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Vision problems

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Last tested?

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Hearing problems

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Last tested?

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Pediatrician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Developmental History (if child does not do, please indicate this)

Milestones

Walked \_\_\_\_\_

Talked \_\_\_\_\_

Rolled over \_\_\_\_\_

Sat Independently \_\_\_\_\_

Crawled \_\_\_\_\_

Toilet Trained

Urination \_\_\_\_\_

Bowels \_\_\_\_\_

Family History

Birth Defects

\_\_\_\_\_  
Mental Retardation

\_\_\_\_\_  
Anxiety \_\_\_\_\_

Obsessive Compulsive Disorder

\_\_\_\_\_  
Phobias \_\_\_\_\_

Depression \_\_\_\_\_

Learning Delays \_\_\_\_\_

Speech delays \_\_\_\_\_

ADD/ADHD \_\_\_\_\_

Autism or other Spectrum Disorder

\_\_\_\_\_  
Alcoholism \_\_\_\_\_

Suicide/Suicidal Thoughts

\_\_\_\_\_  
Family Background

Separation \_\_\_\_\_

Divorce \_\_\_\_\_

Custody \_\_\_\_\_

Recent moves \_\_\_\_\_

Birth of new Child

\_\_\_\_\_  
Serious Illness

\_\_\_\_\_  
Other \_\_\_\_\_

Educational Background

Schools attended (Include dates, starting with Pre-School)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Grades repeated

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Educational Concerns

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Has your child been evaluated for or treated for educational, language, or emotional issues?

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Has your child ever been tested for ADD,ADHD, Auditory Processing Disorder, Specific Language impairment, Down's Syndrome, Mental Retardation, Sensory Integration/Processing Disorders or Autism Spectrum Disorders?

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Does your child receive additional services at school (including educational , language, and behavioral)?

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How would you describe your child's school achievement? \_\_\_\_\_excellent  
\_\_\_\_\_good \_\_\_\_\_requires a great deal of effort \_\_\_\_\_ has trouble  
even with help

Do you have concerns about your child's achievement? Circle yes  
no Emotional/Behavioral Concerns Circle yes no

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Do you think your child's communication may limit success at school?  
Circle yes            no

Please describe your child's grades?

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Attitude toward school

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What subjects or classes are easiest for your child?

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What subjects or classes are most difficult for your child?

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Please check the following you feel apply to your child:

Difficulty learning to read \_\_\_\_\_ Difficulty learning to write \_\_\_\_\_

Difficulty learning routines/following directions \_\_\_\_\_

Attention problems \_\_\_\_\_ Behavior problems \_\_\_\_\_

Difficulty passing standardized tests \_\_\_\_\_

Requires longer time to complete assignments than other children \_\_\_\_\_

Seems to struggle with work more than other children \_\_\_\_\_

Difficulty making friends \_\_\_\_\_ Dislikes school \_\_\_\_\_

Briefly describe your child's current problem

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How long has the problem been a concern to you?

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What seems to help the problem?

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What seems to make the problem worse?

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Please describe your child's temperament

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Strengths of Child:

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Challenges for Child:

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How does child react when faced with a challenge?

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People your child may relate well to

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Describe what you would like your Child to be doing that he/she is not presently doing?

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How does child respond to discipline?

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-----What is the  
child's preferred manner of discipline?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe things that your child enjoys doing or playing with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child relate to other children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have many friends? Circle yes      no      If no, why do  
you think that is?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include other information that you think will be helpful to your  
clinician.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_