

ADULT INTAKE INFORMATION PROFILE

PLEASE PRINT CLEARLY

Name _____
(First) (Middle) (Last)

Date of birth _____ Age _____ Gender _____

Ethnic Origin (optional) _____Caucasian _____Hispanic/Latino _____African-American
 _____Bi-racial _____Asian/Pacific Islander _____Native American

Occupation _____

HOUSEHOLD INFORMATION

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Please indicate with a * PREFERRED WAY TO REACH YOU

Marital Status: _____married _____separated _____divorced _____widowed _____other

Spouse's Name _____ Age _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Referral source _____

STUDENT PROFILE

Please rate the following **academic areas** using the scale of 1-5
 1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = Not a problem

_____Reading ability	_____Spelling ability
_____Written expression/writing	_____Interest in Reading
_____Ability to complete daily assignments	_____Interest in Writing
_____Handwriting	_____Academic self-esteem
	_____Comprehension

Please rate the following **personal areas** using the scale of 1-5
 1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = Always positive/not a problem

_____Personal self-confidence/self-esteem	_____School attendance (if applicable)
_____Ability to self-advocate	_____Interaction with peers
_____Attitude toward working with a tutor	

School Information

Preparation (Complete where applicable)

Name of schools and grades attended, beginning with first grade:

_____ Grades Attended _____
 _____ Grades Attended _____
 _____ Grades Attended _____
 _____ Grades Attended _____

High School Diploma ____ Yes ____ No Date Completed _____
 GED ____ Yes ____ No Date Completed _____
 College ____ Yes ____ No Degree _____

	Yes	No	If yes, describe
Were any grades repeated?			
Were there frequent school absences?			
Was there ever an Individualized Education Plan (IEP) or 504 plan in place?			
Has any previous psychological or diagnostic testing been completed?			By whom? When?

Health/Well Being

	Yes	No	If yes, describe
Have you been seen by an ophthalmologist or optometrist?			Name of Doctor: Date of Exam:
Are glasses/contacts worn?			
Have there been recurring ear infections?			
Have there been instances of a high fever?			
Is there any evidence of a possible head injury?			
Has there been an examination by a neurologist?			
Are there any physical challenges that may limit learning abilities?			
Has there been a diagnosis of ADD/ADHD?			
Are there any allergies?			

Development

	Yes	No	If yes, describe
Was birth premature?			
Were there any complications during pregnancy?			
Was speech still immature at the age of 4 or 5?			
Has there ever been any speech therapy?			
Are words ever mixed up verbally (ie: mow the lawn/lawn the mow or flutterby/butterfly?)			
Is there difficulty expressing ideas verbally?			
Are you able to remember spoken directions?			

	Yes	No	If yes, describe
Are letters reversed when reading and/or writing (ie: b/d, p/q)?			
List types of reading materials in your home?			
Are you able to remember a short message word-for-word, or a telephone number?			
Is there difficulty distinguishing right from left?			
Handedness (please specify): _____ left handed _____ right handed _____ ambidextrous			

Social/Emotional

	Yes	No	If yes, describe
Are you a leader or a follower?	_____ leader _____ follower		
Has there been anything in your personal history that may be affecting you emotionally (ie: death, accident, divorce)?			
Are there any nervous tendencies?			
Are there temper tantrums/outbursts?			
Are there any social/emotional problems evident?			

Permission to Release Information

In order to assist with educational planning, I hereby grant permission for SLD Read to communicate with the following:

agency (name) _____
 school _____
 professional _____
 spouse/other _____

Permission is granted to release test results, evaluation information, and progress to the following, as named above:

agency school professional spouse/other

Permission is also granted to use client's creative work and/or photograph for community awareness purposes: Yes No

DO NOT discuss my file with the following individual/s: _____

Signature of Client: _____ Date _____