

## STUDENT INTAKE INFORMATION PROFILE

**PLEASE PRINT CLEARLY**

Name of person being evaluated: \_\_\_\_\_  
(First) (Middle) (Last)

### HOUSEHOLD INFORMATION

Self or Father's/Guardian's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse or Mother's/Guardian's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please indicate with an \* BILLING ADDRESS and PREFERRED WAY TO REACH YOU**

Self or Parents/Guardians are: \_\_\_married \_\_\_separated \_\_\_divorced \_\_\_widowed \_\_\_other

If applicable, name of stepfather \_\_\_\_\_

If applicable, name of stepmother \_\_\_\_\_

If applicable, student resides with: \_\_\_both parents \_\_\_father \_\_\_mother \_\_\_other

Sibling Name/s _____	Age _____	Sibling Name/s _____	Age _____
----------------------	-----------	----------------------	-----------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Referral source \_\_\_\_\_

### STUDENT PROFILE

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Current Grade \_\_\_\_\_

Is this student adopted? \_\_\_yes \_\_\_no If yes, at what age? \_\_\_\_\_

Ethnic Origin (optional) \_\_\_Caucasian \_\_\_Hispanic/Latino \_\_\_African-American

\_\_\_Bi-racial \_\_\_Asian/Pacific Islander \_\_\_Native American

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

Are there disciplinary/behavior issues:    at school yes no    at home yes no  
 If yes, please describe \_\_\_\_\_

**School Information**

Preparation (Complete where applicable)

			Entry Age	Name of School
Preschool	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____	_____
Pre K/Young 5's	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____	_____
Kindergarten	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____	_____

Current school attending \_\_\_\_\_

Is child currently receiving free/reduced lunch?    yes    no

Schools attended, beginning with first grade:

Name of School	Grades Attended
_____	_____
_____	_____
_____	_____

	Yes	No	If yes, describe
Were any grades repeated?			
Are/were there frequent school absences?			
Has there ever been or is there currently 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
Has your child/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: <i>mow the lawn/lawn the mow</i> or <i>flutterby/butterfly</i> )?			
Is there difficulty expressing ideas verbally?			
Is student able to remember spoken directions?			
Are letters reversed when reading and/or writing (ie: b/d, p/q)?			
Do you read to your child?			
Is student 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
Is he/she a leader or a follower?			_____ leader _____ follower
Is there evidence of immaturity?			
Is there anything in this person's history that may affect him/her 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 the educational planning for the client, 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 child with the following individual/s:** \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student: \_\_\_\_\_