

THE HOMEWORK ADVISORS

Intake Form

Student Name: _____ Date of Birth: _____

Preferred pronouns : ____ He/Him/His ____ She/Her/Hers ____ They/Them
Please indicate pronoun if not listed: _____

Parent/Guardian Names: _____

Address: _____

Preferred Phone Number: _____

Person(s) providing information & relationship to student:

Presenting problem(s):

- _____
- _____
- _____

When was presenting problem first noticed: _____

Have you had previous testing/evaluations*: _____

*Please provide a copy of the evaluation to The Homework Advisors.

Please provide any medical/emotional/behavioral diagnoses for your child:

- _____
- _____
- _____

Please provide any significant history regarding the student's development (early childhood, loss, trauma, learning, speech & language, motor, emotional, etc):

- _____
- _____
- _____
- _____

Current/Past treatment or approaches to address the problem(s):

Effective: _____

Not effective: _____

Current providers:

Tutor: _____

Therapist: _____

Psychiatrist: _____

Other: _____

Current/Past Medications: _____

Family history of mental health/substance abuse:

- _____
- _____
- _____

Academic Performance

Subjects that are completed sufficiently: _____

Subjects that are below expectations or failing: _____

504/IEP*: _____

*Please provide to The Homework Advisor.

Attendance/Tardy: _____