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hsseducation.com

Intake Form

Please print and fill in the information below and bring it with you to your first session.

Note: information provided on this form is protected as confidential information and should **not be sent electronically.*

Personal Information

Date: _____

Name: _____

Address: _____

Phone: Cell _____ Work _____ Other _____

May I leave a message? Yes No

Email: _____

May I leave a message? Yes No

**Note: Email correspondence is not considered to be a confidential medium of communication.*

Child's Name: _____

Child's DOB: _____ Age: _____ Gender: _____

Referred by (if any): _____

How did you hear about HESS?

Inquiry Purpose

1. Why are you considering HESS for your child? (check all that apply)

- a. Primarily academic concerns
- b. Academic and social concerns
- c. Executive function skill development
- a. Evaluation
- b. Advocacy

2. Please briefly describe your child's current needs.

3. Please list what you hope your child will accomplish at HESS.

General Information

1. How would you rate your child's current physical health? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems your child is currently experiencing.

2. How would you rate your child's current sleeping habits? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep difficulties your child is currently experiencing.

3. Is your child currently prescribed medication? Yes No
~ If yes, treating practitioner and contact information:

4. Does your child participate in physical activities or sports? Yes No
~ If yes, please list activities and frequency:

5. Is your child currently experiencing stress and worry about school? Yes No
~ If yes, when did you begin noticing this?

6. How would you rate your child's peer social network? Please circle and add any comments you feel relevant.

Poor Unsatisfactory Satisfactory Good Very Good
No friends Few friends Many friends

Comments: _____

Strengths and Needs

1. Please list what you consider to be your child's strengths.

a. Academic:

b. Social:

c. Emotional:

d. Personality

2. Please list what you consider to be your child's current needs.

a. Academic:

b. Social:

c. Emotional:

d. Personality

3. Please list any information you feel is relevant about your child that will inform my ability to create a personalized academic plan.

Presenting Behaviors

*Note: Should you choose to complete this form, please know that it is an informal checklist intended for the purpose of better understanding presenting behaviors that may be interfering with your child's academic success. It is not a diagnostic tool and is protected as confidential information.

** *This information should not be shared electronically and brought with you to our first meeting.*

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> poor listener | <input type="checkbox"/> strong self-advocate |
| <input type="checkbox"/> provokes others to get angry | <input type="checkbox"/> strong organizational skills |
| <input type="checkbox"/> easily agitated | <input type="checkbox"/> frequently loses/misplaces things |
| <input type="checkbox"/> difficulty with transitions | <input type="checkbox"/> able to acknowledge strengths |
| <input type="checkbox"/> difficulty sustaining attention | <input type="checkbox"/> generally happy |
| <input type="checkbox"/> difficulty making decisions | <input type="checkbox"/> plans for long-term assignments |
| <input type="checkbox"/> consistent mood generally | <input type="checkbox"/> difficulty with planning |
| <input type="checkbox"/> physically hurts self when angry | <input type="checkbox"/> difficulty with organization |
| <input type="checkbox"/> accepts assistance easily | <input type="checkbox"/> has a sense of self-awareness |
| <input type="checkbox"/> generally calm & verbalizes emotions | <input type="checkbox"/> low energy |
| <input type="checkbox"/> difficulty asking for help | <input type="checkbox"/> copes well with stress |
| <input type="checkbox"/> easily distracted | <input type="checkbox"/> often turns assignments in late |
| <input type="checkbox"/> avoids tasks that are challenging | <input type="checkbox"/> difficulty following through |
| <input type="checkbox"/> uncontrolled anger when upset | <input type="checkbox"/> difficulty starting on assignments |
| <input type="checkbox"/> prepared for class on regular basis | <input type="checkbox"/> poor sleep |
| <input type="checkbox"/> prepares for tests, struggles w/recall | <input type="checkbox"/> disorganized with schoolwork |
| <input type="checkbox"/> accepts feedback | <input type="checkbox"/> frequently unprepared |
| <input type="checkbox"/> demonstrates appropriate social skills | <input type="checkbox"/> fails to finish tasks & assignments |
| <input type="checkbox"/> frequently makes careless mistakes | <input type="checkbox"/> difficulty with test-taking |
| <input type="checkbox"/> ability to break projects into parts | <input type="checkbox"/> always moving |
| <input type="checkbox"/> holds feelings in, difficulty expressing | <input type="checkbox"/> regulates emotions effectively |
| <input type="checkbox"/> fear of failure | <input type="checkbox"/> good sleep habits |
| <input type="checkbox"/> often restless | <input type="checkbox"/> poor test scores |
| <input type="checkbox"/> frequently forgetful | <input type="checkbox"/> restlessness |
| <input type="checkbox"/> frequently sad | <input type="checkbox"/> uses timeline to complete tasks |
| | <input type="checkbox"/> turns assignments in on time |
| | <input type="checkbox"/> Other: Please list. |