Marin Academic

Support Services

Parent Intake Forms

Please fill-out this form as completely as possible. All information is strictly confidential.

Student's Name: ____ Sex: M _____ F ______

Home address: ________________________________Student Tel #: ______________________

Date of Birth: ____________Age: ____ Grade: ______ Student Email: __________________________

School: _________________________Referred by: __________________________________

Name of person completing this form: ___________________________Relationship:_____________

Tel #: ______________________ Your Email: _______________________________________

What is your Primary Concern?

____

____

____

When did you begin to become concerned and why?

____

____

What is your child's understanding of why you are here today?

____

____

What are your child's feelings about coming here?

____

____

Has the student ever been tested or received special academic or behavioral help? Yes _____ No _____ If yes, please describe the type of service, the school or agency which rendered service and the dates of the service.

Type of Service **School or Agency** **Dates**

____

____

____

Family History

Parents Names: ____

Cell Phone: ______________________Email address:___________________________________

Home Phone: ____________________Home address: __________________________________

Name and Ages of Siblings: ____

Any history of learning difficulties? (if yes, please explain)____________________________________

Naya R. Melrose, M.S.Ed.L./ET/P
Educational Therapist
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Main Language spoken at home: _______________Other languages spoken: __________________________________

School History List, in order, the schools the student has attended:

SCHOOL	CITY	GRADE LEVEL (S)	DATES

Medical/Developmental History

Pregnancy: How would you describe the pregnancy?

____

____

Did the Mother experience any illnesses, accidents, shocks, mental or physical strain, or any other complication during pregnancy? (if yes, please describe) ____

____

How would you describe the birth? Were there any difficulties or complications? Was the baby full term?

____

____

Early Years and Overall Health

What kinds of childhood illnesses did your child have?

____

____

Were there any instances of high fevers or convulsions? Were there any head injuries or loss of consciousness?

____

____

Has your child ever been on any medications?

____

Does your child have difficulty sleeping?

____

Describe your child's appetite. Any food allergies?

____

Does your child have any coordination problems? If so, explain:

____

How would you describe your student's overall health?

____

____

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Please check any of the developmental milestones that came late for your child.

Babbling: _____ Speaking Single Words: _____ 2-3 Word Combinations: _____ Reading: ______ Writing: ________

Social/Emotional History

Has your child ever had emotional or behavioral problems? (if yes, please describe):

____

____

Please describe the student's attitude toward the following:

Brothers and sisters: ____

Friends: ____

Does your child prefer to be alone or with other teens? ____________________________________

What does your child like to do when they are not in school?

____

____

What helps your child feel successful?

____

____

Feelings/Attitudes Toward School

What are your child's favorite subjects in school?

____

____

What are your child's least favorite subjects?

____

____

In general, what is your child's attitude toward school?

____

____

About how many days a year is your child absent from school? _______________________________

Anything else I should know about your child?

____

____

____

____

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AUTHORIZATION TO RELEASE INFORMATION

By my signature below, I hereby authorize **Naya R. Melrose** and other educational or therapeutic professionals who work with the student below to discuss pertinent information and/or testing for the purpose of better serving this student. These professionals may include but are not limited to the student's advisor, teachers, therapist, psychologist or pediatrician. I understand that any information disclosed will be strictly confidential and used solely for the purposes of providing educational therapy.

I understand that I may at any time withdraw permission to share the student's information with educational or therapeutic professions, either jointly or severely at any time, by writing a letter to **Naya R. Melrose.**

Name of Student: __________________________Date of Birth: ________________

______________________ ___________________________ ___________

Parent Guardian Print Parent Guardian Signature Date

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