

Child/Adolescent Intake Form

Name of child/adolescent: _____ Date: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Msg OK? Y N

Birthdate: _____ Name of birth mother: _____ Name of birth father: _____

Primary Caregiver: _____ Marital status: Married Separated Divorced

I. Developmental history

Birth weight: ____ lb. ____ oz.

Was this a full-term pregnancy? _____

Age for sitting up: _____ Age for first crawl: _____ Age for first words: _____

Describe any prenatal / birth complications: _____

History of childhood illnesses / diseases: _____

List any traumas or prolonged separation: _____

II. Home Environment

(Please circle the number that best describes his/her behavior.)

	Poor	Average	Excellent
1. Relationship with mother	1	2 3 4 5	
2. Relationship with father	1	2 3 4 5	
3. Relationship w/ primary caregiver, if different from above	1	2 3 4 5	
4. Relationship with siblings	1	2 3 4 5	
5. Willingness to comply with disciplinary procedures	1	2 3 4 5	
6. Cooperates in performing household tasks / chores	1	2 3 4 5	
7. Accepts responsibility for mistakes	1	2 3 4 5	
8. Ability to control his/her emotions	1	2 3 4 5	
9. Willingness to be helpful to other family members	1	2 3 4 5	

Describe the young person's most pleasant/positive attribute around home: _____

Briefly list your biggest concern about young person's behavior around home: _____

Briefly describe your discipline procedures: _____

	Poor	Average	Excellent
Rate the effectiveness of your discipline procedures:	1	2 3 4 5	

III. School Environment

(Please circle the number that best describes his/her school performance.)

	Poor	Average	Excellent
Ability to complete assigned work	1	2 3 4 5	
Willingness to complete assigned work	1	2 3 4 5	
Academic performance for grade level	1	2 3 4 5	
Willingness to follow school rules	1	2 3 4 5	
Peer relationships	1	2 3 4 5	
Willingness to follow directions from school adults	1	2 3 4 5	

Is your son/daughter: On an I.E.P? Yes No On a 504 Accommodation Plan? Yes No
In your estimation, what is your son/daughter's strongest academic area? _____

In what academic area(s) does your son/daughter have difficulty? _____

What does your son/daughter say they like best about school? _____

IV. Peers / Activities

What hobbies or activities are of interest to your son/daughter (sports, clubs, etc.) _____

What previous hobbies or activities is he/she no longer interested in? _____

(Please circle the number that best describes his/her peer relationships.)

	<u>Poor</u>		<u>Average</u>		<u>Excellent</u>
Ability to initiate positive peer relationships	1	2	3	4	5
Ability to maintain positive peer relationships	1	2	3	4	5
Ability to restore friendships following conflicts	1	2	3	4	5
Ability to resist following friends who make poor choices	1	2	3	4	5
Willingness to accept responsibility for poor choices	1	2	3	4	5
Willingness to show care and concern for peers	1	2	3	4	5

Please list any other information that you believe is important to know about your son/daughter.

Therapist Notes: _____

