



Initial Intake

I'm so excited to learn more about your child and your family as we explore ways I can best support you.

Below are a few questions to help guide that process.

Please feel free to share only what you're comfortable with and what you feel would be helpful for me to know as we begin working together. You'll see examples and extended prompts included to spark ideas or jog your memory, but there's no expectation to answer every question.

If you'd prefer to discuss these questions during our next session, or if you'd like to request any accommodations or modifications to make this form more accessible, please don't hesitate to reach out.

SERVICES REQUESTED

*1. Today's Date

*2. Name of person filling out this form

*3. Relationship to the person seeking support

- Myself
- Mother

- Father
- Legal Guardian
- Teacher
- Case Worker
- Other:

***4. Name(s), age(s), and birthdate(s) of the individual(s) seeking support**

(Ex: John Sterling, 5 years old, 01/14/2010)

***5. How does the student communicate?**

Please check all that apply.

- Oral Speech
- Scripting
- Sign Language
- AAC Device
- Gestures
- Other - Please share anything additional you would like us to know about the student's communication style:

***6. Is the student currently enrolled in preschool, public school, private school, homeschool, or other educational programs?**

Please include the name of the school, grade level, and how long they have been enrolled.

(Ex. Public School - Harrington Elementary - 1st grade - enrolled since 2019)

***7. What type of support(s) are you interested in receiving? (Please check all that might apply.)**

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Check all that apply.

- Educational Support
- Developmental Support
- Caregiver Support
- Family Support
- Group Classes
- Other:

8. What has brought you to seek support? Please tell us more about the student and family.

9. What goals does the student hope to achieve with our support services?
What goals do you hope to achieve?

FAMILY, MEDICAL, & DEVELOPMENTAL HISTORY

10. Who resides in the home?

Please include names, relationships, and ages of siblings.

(Ex. Mom - Monique Donovan , Grandmother - Linda Donovan "Nana," and Brother - David Donovan, age 6)

11. Parents'/Caregivers' Profession and Education Level

12. What languages are spoken in the home?

Does the student speak, read, or write in any language(s) other than English?

13. Birth & Early Development

Were there any pregnancy or birth complications?

Did the student meet early developmental milestones as expected?

Please share anything you feel would be helpful regarding early development.

14. Educational History

What has the student's educational journey been like?

Current academic goals?

Grades? Accommodations or modifications?
Achievements, awards, honors, AP coursework?
Anything else you would like to share about their schooling experience?

***15. Strengths & Interests**

What are the student's strengths, interests, talents, and successes?
What has worked well in the past?

***16. Challenges & Diagnoses**

What struggles, challenges, disabilities, and/or diagnoses are present?
Please include medical conditions, sensory sensitivities, emotional needs, fears or anxieties,
attention/focus concerns, executive functioning difficulties, etc.

17. Self-Awareness & Emotional Response

How does the student respond to these challenges?
Are they aware of their neurodivergence, diagnosis, or disability?
If so, have they shared how they feel about it?

***18. Current Supports (IEP/504/Services)**

Is there an IEP, 504 Plan, or other support services currently in place?

Please list:

- Type of service
- Provider name
- Frequency

Feel free to include any comments about your experience with these supports.
Please also include contact information for providers you would like us to collaborate with.

(EX: Occupational Therapy at Northeast Therapeutic - 2x per week - 30 min sessions)

***19. Medications, Diets, & Allergies**

Is the student currently taking any medications, following specialized diets, or managing known allergies?
Please list details.

(Please list any medications, food restrictions, and any known allergies, etc.)

20. Learning Preferences

How does the student learn best?

What instructional approaches or accommodations have been most successful?

Are there any challenges related to memory, attention, fine motor skills, or gross motor skills?

***21. Documents to Share**

Please email documents to: sbarrow@everybodysacademics.com

Check all that apply:

- IEP/504 Plans
- Report Cards / Progress Reports
- Test Scores
- Work Samples
- Formal Evaluations / Assessments / Reports
- Medical Records
- Case Plans / Custody Agreements / Legal Documentation
- Other:

22 Anything Else You Would Like To Share?

(Examples: behaviors, favorite stims, coping strategies, dislikes, preferred pronouns, extracurricular activities, religious beliefs or practices, passions, hobbies, etc.)

SERVICE DETAILS

23. What questions can we answer for you about our services?

***24. Contact Information**

Please provide contact information for the person completing this form and anyone transporting the student to/from sessions.

Include address, phone number, and email.

Please indicate your preferred method and best time for contact.

***25. Preferred Days & Times**

Please list any scheduling restrictions under "Other."

(Ex: Fridays after 4 pm)

Check all that apply.

In-Person

Virtual

30 min session

60 min session

Other

1 x per week

2 x per week

3 x per week

4 x per week

5 x per week

Mornings

Afternoons

Evenings

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Saturdays

Sundays

Flexible

Other: