



Danit Kaya, M.P.H, E.T.

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### Client History and Intake Form

**Instructions:** We would like to know more about your child. The more we know, the better we can tailor an educational program to fit your child's needs. Please answer the following questions and complete the information below.

#### **Biographical Data:**

Child Name:

Date of Birth:

Current Age:

Current School:

Grade:

Household Members (names and relationship):

Referral Source:

#### **Psychoeducational History:**

What are your child's **strengths**?

Considering your child's struggles, what are your top three (3) **psychoeducational goals** for your child?

What **motivates** your child?

What **upsets** or demotivates your child?

What is your **child's understanding** of why you are seeking services?



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Has your child worked with **prior providers** in educational therapy or academic remediation? If so, what was your experience?

What other relevant **allied professionals** does your child work with (psychologist, psychiatrist, speech therapist, etc.)? If you'd like us to collaborate, please fill out the separate Release of Information form.

Has your child ever completed a **comprehensive neuropsychological evaluation**? If so, please attach a copy of the most recent testing report with your intake paperwork.

Does your child have an **IEP or 504 Plan** in place? If so, please attach a copy of the most recent testing report with your intake paperwork.

**Educational, Social, and Medical History:**

Including the current school, **list the schools** your child has attended within the last 5 years (and if any grades were repeated):

Has your child ever **missed school** for 12 days or more in any one school year? If yes, why?

Which **academic subjects** are your student's best? Worst?

What is your child's **homework routine**?



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How many hours does your child spend participating in the following each week: **TV, video games, reading independently, reading with family?**

How would you rate your child's **study habits** on a scale of 1-5 (1=Awful, 5=Superb)?

What **study skills** does your student need to develop? (neatness, timeliness, organization, etc.)

What **social skills** would you like to see developed?

What are your student's out-of-school **interests and activities**?

What **shared activities** do you engage in as a family? What problems/successes do you have working/playing together?

Are there any **other challenges** we should know (or conference privately) about (eg: language, communication, sleep, eating, developmental delays, motor, self-regulation, digestive, familial)?

List any **relevant medications** your child is currently taking, including name, condition treating, frequency, starting date, and side effects.

Other comments or concerns?