



Therapy & Diagnostic Services

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PRIVATE EVALUATION INTAKE FORM

Form with fields for Child's Name, Current School, Mother's Name, Phone Number, Father's Name, Languages Used at Home, and Primary Language.

Form with fields for Are the parents separated or divorced?, Age of child at separation/divorce?, If so, please describe custody arrangements, and Age of child when remarriage occur?

Other adults in the home(s)

Table with columns for Name and Relationship to child (stepmother, aunt, grandmother, etc.)

Other children in the home(s)

Table with columns for Name, Age, School/Occupation, Grade, and Lives at home?

## PREGNANCY, BIRTH AND DEVELOPMENTAL HISTORY

Was this child adopted? If so, at what age?

Length of Pregnancy? Weight at Birth Lbs. Ounces

Were there any complications during delivery?

At what age (approximately) did the child do the following:

Crawl		Take steps independently	
Said first word		Spoke in short sentences	
Toilet trained (bladder)		Toilet trained (bowel)	

Were there any early concerns with motor, speech or other development? If yes, please explain.

## HEALTH

Are there any current health concerns? If yes, please explain.

Is your child on any medications currently? If yes, please list.

Has your child experienced any significant illnesses, injuries or been hospitalized? If yes, please explain:

## VISION AND HEARING

Last Vision Exam (if known):

Have there been or are there any concerns currently with vision? If yes please explain.

Last Hearing Exam (if known):

Have there been or are there any concerns currently with hearing?

**EDUCATIONAL HISTORY**

Please list all schools your child has attending (Preschool, Elementary School, Middle School, High School)

Grades attended	Name of School	Reason for leaving

**PARENT INPUT**

What do you think are your child’s strengths (reading, math, behavior, attitude, sports, etc.)?

What are you most concerned about for your child & how long have you had these concerns?

What areas of concern has the school told you about for your child and when did they tell you?

What has been done at home or school to address these concerns (tutoring, retention, enrichment, etc.)?

Has anyone else in the family (including adults) had similar educational concerns? Please explain.

What are your child’s hobbies, recreational choices, special talents and/or interests?

Please describe your child as you see him/her (personality, attitudes, socially, etc.).

Please describe any regular responsibilities your child has at home and how s/he handles them.

Are you having any behavior problems with your child?                      If yes (please describe the problem behavior)

What kind of discipline do you use with your child and how effective is it?

Please feel free to elaborate on any of your answers as needed below.

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Signature of person completing this form

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Relationship to child

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Date completed