

The Capable Child Intake Form

Please help us learn more about your child by completing our intake form. If there is information that you are unsure of, feel free to leave the space blank and we can discuss it when we meet.

Student Information:

Child's Name:	Date of Birth:
Current Grade:	School Name:

School History:

School Name	Dates of Attendance	Reason for Leaving

Family Information:

Parent / Guardian Name:	Parent / Guardian Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Preferred way to contact:	Preferred way to contact:
Parents' marital status:	Child lives with:
Names and ages of others living in home:	
Please describe how your child get along with other members of family:	

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Developmental History:

Birth weight:	Complication during delivery:	Jaundice:
Age began to babble:	Age began to crawl:	Age began to walk:
First words:	Using toilet during Day:	Dry at Night:
Date of last physical:	Does child wear glasses?	Frequent ear infections?
Please describe your child's temperament as an infant.		
Please describe any unusual stress or illnesses your child has experienced.		
Please describe your child's sleep patterns (hours/night, restless, sound).		

Academic Progress:

Please check the box that best describes your child's progress in the areas noted below.

Academic Area	Below Grade Level	At Grade Level	Above Grade Level
Reading			
Writing			
Math			
Science			
Study Skills			
Homework Completion			

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Presenting Concerns:

Please describe the concerns that have brought you here.

Please describe your child's strengths and talents.

Please describe your child's interests.

Please describe any concerns you may have about your child's school performance.

Please describe any concerns you have about your child's behavior or emotional development.

What do you hope to achieve in our work together?

How did you learn about The Capable Child?

Is there anything else you would like us to know?