**Milestones in the Making**

**Intake Form**

**PLEASE INDICATE WHICH SERVICE YOU ARE REQUESTING:**

**[ ]** *Evaluation* **[ ]** Re-evaluation **[ ]** *Consultation*

**If evaluated previously, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check all that apply: [ ]** *Academic concerns* **[ ]** *Behavior concerns (including attention issues)*

**[ ]** *Social-emotional concerns (e.g., anxiety, low self-esteem, etc.)* **[ ]** *Gifted eligibility* **[ ]** *Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: Nickname: DOB: / /\_\_\_\_**

**Custodial Parent: [ ] Mother [ ] Father [ ] Adoptive Status: [ ] Single [ ] Married [ ] Divorced [ ] Separated**

If divorced or separated, please specify who has custody

**School: Grade Level: Age:**

|  |  |  |
| --- | --- | --- |
| **Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Additional parents/caregivers (e.g., stepparent) if applicable:**

|  |  |  |
| --- | --- | --- |
| **Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Best time & venue for contact?**

**Is your child enrolled in Special Education [ ] YES [ ] NO If so, for which subjects:**

**Does your child have an IEP in place? [ ] YES [ ] NO**

**Does your child have a 504 Plan? [ ] YES [ ] NO**

*\*\*****Please provide this office with a copy of your child’s IEP or 504 Plan at your earliest convenience.***

**Does your child attend After-School Care? [ ] YES [ ] NO**

**Does your child participate in Extracurricular Activities? [ ] YES [ ] NO If so, please list here:**

**Have you had any Parent-Teacher Conferences or Meetings with the school this year? [ ] YES [ ] NO**

**When? / / What was the meeting intended for?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School History:**

|  |  |
| --- | --- |
| **School Name** | **Grades Attended** |
|  |  |
|  |  |
|  |  |
|  |  |

**Has your child ever been retained? \_\_\_\_\_\_ What grade(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What kinds of Grades does your child make in school now?**

**What kinds of Grades do you expect your child to make?**

**Which Subjects are most challenging for your child? (E.g. Math, Reading)**

**In which Subject(s) does your child do best?**

**On average, how much time does your child spend on homework each night?**

**Does your child have a homework routine? [ ] YES [ ] NO \*If so, please explain:**

**Early Development/Family History:**

**1. Pregnancy Problems:**

**2. Birth History:**

**3. Gestation Period:** (E.g., full-term, if premature, how many weeks?)

**4. Health History: Birth/Early Years:**

**Ear Infections** (how many?) \_\_\_\_\***Until what age?**\_\_\_\_**\*Tubes?\_\_\_\_\*How many times?\_\_\_\_\*Age(s)?**

 **Respiratory** (how many and when?)

**Has your child had a recent Hearing Screening? [ ] YES [ ] NO \*\*Vision Screening? [ ] YES [ ] NO**

**Any concerns with vision or hearing?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Medication History - please list any medications consumed by your child for at least 6 months:**

**Currently:**

**Previously:**

 **Does child take a multivitamin? [ ] Y [ ] N \*Brand?**

**Does child take Omega-3? [ ] Y [ ] N \*Brand?**

**Has child ever had a blood-lead level test done? [ ] Y [ ] N \*If so, level?**

**Does child have allergies? [ ] Y [ ] N \*If so, what kind of allergies?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and the symptoms?**

**6. History of Developmental Milestones**

 **Motor:** (when sat up, crawled, walked)

 **Language:** (when first sounds, first word, first combined two words)

**7. Family History of Learning/Mental Disorders? [ ] Y [ ] N \*If yes, please describe below.**

**Mother’s side (e.g., grandparents): \_\_\_**

 **Father’s side (e.g., grandparents):**

 **Child’s sibling(s):**

**8. Does the child have brothers and/or sisters? [ ] Y [ ] N \*Names & Ages:**

 **9. Additional Developmental History/Information:**

**\*\*Reason for Psychoeducational Evaluation:**

**Other Bio-Psycho-Social History:**

**Who is your child’s Pediatrician? Please note any medical or mental health diagnoses that may affect your child’s social, emotional, cognitive &/or behavioral self?**

**Does your child take medication for any of the conditions listed above? [ ] YES [ ] NO**

**List of ALL medications taken regularly by your child:**

**Please describe your child’s diet, including dietary restrictions &/or preferences:**

**Has your child participated in a sleep study? [ ] YES [ ] NO**

**Please describe your child’s sleep patterns:**

**Please describe the amount & nature of your child’s physical activity?**

Please complete the following table so that our office can provide the most comprehensive care possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Provider Name** | **Past or Present?**  | **Date Last Seen?** |
| Educational Evaluation |  |  |  |
| Speech & Language Therapy |  |  |  |
| Occupational Therapy |  |  |  |
| Physical Therapy |  |  |  |
| Mental Health Counseling |  |  |  |
| Tutoring (including subjects) |  |  |  |

**Other Useful Information:**

1. **Your child’s behavior at school (as reported to you)?**
2. **Behavior at home?**
3. **Ways in which you correct (positively & negatively reinforce) your child’s behavior at home?**

1. **Primary reasons your child gets into trouble?**
2. **Does your child make friends easily? [ ] YES [ ] NO**
3. **Do you have any concerns for your child’s ability to socialize with his/her peers? [ ] YES [ ] NO
If yes, please explain:**
4. **Does your child have private access to electronics? [ ] YES [ ] NO \**If yes, please describe:***
5. **How much screen-time does your child use on average?**

**Weekdays: hour(s) a day Weekends? hour(s) a day**

1. **Child’s interests/hobbies?**
2. **Your GOALS for our staff’s work with your child?**
3. **Words used by your family to discuss Child’s challenges (e.g., ADHD, laziness, impulsive, depression):**
4. **Are there any words/diagnoses that your family does *not* want used by Milestones’ staff?**

\*\*OFFICE USE ONLY:

**Initial Appointment Scheduled for \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_AM/PM at [ ] Office [ ] Client Home [ ] Other**

|  |
| --- |
| **[ ] Office Policies [ ] Release**  |

Last updated on 1/7/2022