

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: _____

Address: _____

Home Telephone: _____

Occupation: _____

Employed by: _____

Work Telephone: _____

Cell Phone: _____

Email: _____

Parent: _____

Address: _____

Home Telephone: _____

Occupation: _____

Employed by: _____

Work Telephone: _____

Cell Phone: _____

Email: _____

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

Parent: _____

Address: _____

Home Telephone: _____

Occupation: _____

Employed by: _____

Work Telephone: _____

Cell Phone: _____

Email: _____

Parent: _____

Address: _____

Home Telephone: _____

Occupation: _____

Employed by: _____

Work Telephone: _____

Cell Phone: _____

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? _____

(4) Primary reasons your child gets into trouble? _____

(5) Does your child make friends easily? [] YES [] NO

(6) Do you have any concerns for your child's ability to socialize with his/her peers? [] YES [] NO

If yes, please explain: _____

(7) Does your child have private access to electronics? [] YES [] NO **If yes, please describe:* _____

(8) How much screen-time does your child use on average?

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

(9) Child's interests/hobbies? _____

(10) Your GOALS for our staff's work with your child? _____

(11) Words used by your family to discuss Child's challenges (e.g., ADHD, laziness, impulsive, depression): _____

(12) 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