

Intake Form for Minors

Educational Therapy, Confidence Coaching, College Planning, Homeschool



----- Part 1 - To be completed by the parent or guardian. -----

CLIENT INFORMATION

Today's Date: ___ / ___ / ___ Referred By: _____

Child's name: _____

Date of Birth: ___ / ___ / ___ Age: _____

Grade Level: _____

Name of school: _____

Current teacher: _____

Teacher email: _____

Child's custodian/guardian(s) is/are: _____

Child's Address: _____

City: _____ State: ___ Zip: _____

Phone (Home) _____ (Work) _____

Phone (Cell) _____ (Cell 2) _____

E-mail: _____

FATHER'S INFORMATION

Father's Name: _____ Age: _____

Father's Address: _____

City: _____ State: ___ Zip: _____

Phone (Home) _____ (Cell) _____

Occupation _____

Employer _____

Father's Marital Status: Married Engaged Widowed Divorced
 Separated Live with Partner Other _____

MOTHER'S INFORMATION

Mother's Name: _____ Age: _____

Occupation _____

Employer _____

Phone (Home) _____ (Cell) _____

Mother's Marital Status: Married Engaged Widowed Divorced
 Separated Live with Partner Other _____

*If parents living apart then please fill in the address blanks below.

Mother's Address: _____

City: _____ State: ___ Zip: _____

FAMILY COMPOSITION

Who currently resides in the same house as the child? Please include everyone including any half or step brothers and sisters names.

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

CHILD INTAKE FORM

MEDICAL AND PERSONAL

Has your child had any counseling before? Yes No
Counseling/Therapist Names: _____
Dates To / From: _____
Outcome and Diagnosis: _____
Date of Last Medical Exam ____ / ____ / ____
Please rate child's health? Excellent Good
Is your child on medication? If yes, what kind(s) _____

Has you child ever suffered from an addiction? Yes No Uncertain
Have they had any previous trauma? (Physical, Emotional, or Sexual Abuse) No Uncertain

In case of emergency, who should we notify?
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone (Home): _____ (Work): _____
Relation: _____

Briefly answer the following questions.

BASIC INFORMATION

What concern has caused you to bring your child in for educational therapy at this time?

What has been done about your concern up to this present time?

Has anyone in the family experienced similar problems?

What specifically would you like the Dr. Kroner to work on?

What is your assessment of the child's personality? Strengths, weaknesses, etc.

How would your child/teen describe their educational-related problem?

CHILD INTAKE FORM

Please list the activities in which your child/teen is currently participating.

What would you say your child is most proud of academically?

How is homework handled in your home? (parental involvement, location, time, etc.)

What are your expectations for this child?

What does your child's diet usually consist of?

How does the child handle stress?

How much exercise does your child get?

Is there anything else important I should know about your child?

PLEASE CHECK ANYTHING YOUR CHILD HAS GONE THROUGH IN THE LAST 12 MONTHS

- Death of Parents
- Divorce of Parents
- Separation of Parents
- Remarriage of Parents
- Death of close family member
- Personal injury or illness
- Fired from work
- Change in family member's health
- Pregnancy
- Sexual Abuse
- Addition to family
- Change of financial status of parents
- Death of close friend
- Foreclosure of parent's mortgage or loan
- Change in work responsibilities
- Brother or Sister leaving home
- Trouble with in-laws
- Outstanding personal achievement
- Parent begins or ends work
- Jail term
- Starting or finishing school
- Change in living conditions
- Revision of personal habits
- Change in parents work hours, conditions
- Change in residence
- Change in schools
- Change in recreational habits
- Change in grades
- Change in social activities
- Change in sleeping habits
- Change in number of family gatherings
- Change in eating habits
- Vacation
- Bullying or being bullied
- Minor violation of the law
- Other

Part 2 - To be completed by your child with educational therapist

What are you good at doing?

What do you like about yourself?

What do other people like about you?

What do you like about school?

What do you *not* like about school?

What is your favorite subject to learn about in school? Why?

If you had three wishes, what would they be?

Wish #1 _____

Wish #2 _____

Wish #3 _____

What are your 2 biggest accomplishments?

If anything in your life could be different, what would you want to change?

List 4 things that are important to you:
