



NEW STUDENT INTAKE FORM

STUDENT'S FIRST NAME

STUDENT'S LAST NAME

BIRTHDATE

PHONE NUMBER

GUARDIAN'S NAME

GUARDIAN'S EMAIL

HOME ADDRESS

WOULD YOU LIKE EMAIL LESSON REMINDERS? TEXT REMINDERS? NO REMINDERS?

YES NO

YES NO

YES

SCHOOL NAME AND GRADE

DOES YOUR STUDENT HAVE DYSLEXIA?

FAMILY HISTORY OF DYSLEXIA?

IEP? IF YES, FOR WHICH DIAGNOSIS?

ATTENTION CHALLENGES?

TYPE OF PREVIOUS READING TUTOR?

WOULD YOU LIKE IN PERSON OR VIRTUAL SERVICES? SCHOOL SPELLING TESTS?

WHAT IS YOUR STUDENT'S BIGGEST CHALLENGE IN REGARDS TO LANGUAGE ARTS?

IF KNOWN, WHAT IS YOUR STUDENT'S APPROXIMATE READING AND SPELLING LEVEL?

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR STUDENT? WHAT TYPES OF THINGS ARE THEY INTERESTED IN? DO THEY HAVE ANY FOOD ALLERGIES?