



Starfish Tutoring LLC

Starfish Holistic Learning
5701 Sunset Drive, Suite:266
South Miami, FL 33143
(786)662-9003

INTAKE FORM

Student's Name: _____ Today's Date: _____

Grade Level: _____ Gender/Pronoun: _____

Date of Birth: _____

Current School or Last School Attended: _____

When did this child last attend a public or private school? _____

Allergies: _____

Parent/Legal Guardian Name(s): _____

Email Address: _____

Phone Number (home): _____ (cell): _____

Home Address: _____

Languages Spoken: _____ Preferred Language: _____

Does the student have any diagnosed learning differences? (Ex: ADHD, slow processing speed etc.)? _____

If so, does the student receive any accommodations? (Ex: extended time, computer use, learning devices etc.)? _____

Does your child have an I.E.P.? _____

Has your child ever been retained? **Yes** **No** (circle one)

Please describe the student's learning style (Ex: visual learner, gets bored easily, studies with flashcards, works best in a study group, etc.)

Please describe the student's personality. (If you can, include any thoughts about what kind of teacher s/he typically enjoys best.)

What subjects/areas do you feel this child needs the most help with?

Is there anything else you feel that we should know about your child? Is there any medical information that we may need to know?

How often would you like this student tutored and where would you like the tutoring to take place?
