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**TUTORING - INTAKE AND COLLATERAL INFORMATION FORM**

Reason for Tutoring to be completed: Click or tap here to enter text.

What do you want to accomplish from the tutoring? Click or tap here to enter text.

Who suggested that your child participate in tutoring? Click or tap here to enter text.

What is the problem, in your own words? Click or tap here to enter text.

How do you see the situation? Click or tap here to enter text.

**Signs/Symptoms** (please check any of the following that have been experienced):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Arguing |  | Dependent, Immature |  | Fearful |
|  | Bullying/Being Bullied |  | Developmental Delays |  | Fighting/Violence |
|  | Cheating on work/assignments |  | Disruptive |  | Fire Setting |
|  | Cruelty to Animals |  | Distractible |  | Cries Easily |
|  | Consistent Complaining |  | Drug or Alcohol Use |  | Lacks Organization |
|  | Hypochondriac, always complains of feeling sick |  | Eating—poor manners, refuses, appetite increase or decrease, odd combinations, overeats |  | Learning Disability |
|  | Dawdles, procrastinates, wastes time |  | Extracurricular activities interfere with academics |  | Legal Difficulties |
|  | Difficulties with Others/Lacks Respect |  | Failure in School |  | Likes to be alone, withdraws, isolates |
|  | Lying |  | Low Frustration Tolerance, Irritability |  | Moody |
|  | Mute, refuses to speak |  | Nail Biting |  | Nervous |
|  | Nightmares |  | Obesity |  | Overactive, Restless, Hyperactive |
|  | Oppositional |  | Prejudiced, bigoted, insulting, name calling, intolerant |  | Pouts |
|  | Recent Move/Transition |  | Rocking or Other Repetitive Movements |  | Runs Away |
|  | Sad, Unhappy |  | Self-harming Behaviors |  | Speech Difficulties |
|  | Sexual—sexual preoccupation, public masturbation, inappropriate sexual behaviors |  | Tics—involuntary rapid movements, noises, or word productions |  | Underactive, slow-moving/responding, lethargic |
|  | Suicide Talk or Attempt |  | Swearing, Foul Language |  | Temper Tantrums, Rages |
|  | Thumb sucking, finger sucking, hair chewing |  | Shy, Timid |  | Truant, School Avoiding |
|  | Stubborn |  | Uncoordinated, accident-prone |  | Wetting or soiling the bed or clothes |

Any prenatal medical issues or health care?  Yes  No

(If “Yes”, please explain): Click or tap here to enter text.

Any birth complications or problems?  Yes  No

(If “Yes”, please explain): Click or tap here to enter text.

**Development/Milestones** (at what age did the following occur):

|  |  |  |  |
| --- | --- | --- | --- |
| Sitting without support | Choose an item. | Crawling | Choose an item. |
| Walking without holding on | Choose an item. | Helped when dressed | Choose an item. |
| Ate with a fork | Choose an item. | Stayed dry all day | Choose an item. |
| Didn’t soil his/her pants | Choose an item. | Stayed dry all night | Choose an item. |
| Tied shoelaces | Choose an item. | Buttoned buttons | Choose an item. |
| Said first understandable word | Choose an item. | Said first sentence | Choose an item. |

Any speech, hearing, or language difficulties?  Yes  No (If “Yes”, please explain)

Click or tap here to enter text.

**Health**—list all illnesses, hospitalizations, medications, allergies, head injuries, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions:

|  |  |  |  |
| --- | --- | --- | --- |
| CONDITION | AGE | TREATED BY WHOM? | CONSEQUENCES/OUTCOME |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & LOCATION | HIGHEST GRADE COMPLETED | DEGREE RECEIVED | YEAR COMPLETED |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |

Previous Tutoring Experience:  Yes  No (If “Yes”, please complete below)

When? Click or tap here to enter text.

With Whom? Click or tap here to enter text.

For What? Click or tap here to enter text.

With What Results? Click or tap here to enter text.

Previous Counseling Experience:  Yes  No (If “Yes”, please complete below)

When? Click or tap here to enter text.

With Whom? Click or tap here to enter text.

For What? Click or tap here to enter text.

With What Results? Click or tap here to enter text.

Please use this space for any additional information you would like to supply:

Click or tap here to enter text.