

NEUROPSYCHOLOGICAL TESTING INTAKE FORM

Student Information

Name:

DOB:

Informant Information

Name of Person Completing the Form:

Relationship to Student:

Presenting Concerns

What are your main concerns for the student currently?

When did you first notice these concerns?

Early Development

Birth Information

- ☐ No complications at birth
- ☐ Premature birth
- ☐ Low birth weight
- ☐ Spent time in neonatal intensive care unit (NICU)
- ☐ Required assistance with breathing
- ☐ Other: _____

Developmental Milestones

Sitting Independently

- ☐ Early
- ☐ Within normal limits
- ☐ Delayed
- ☐ Unknown

Walking Independently

- ☐ Early
- ☐ Within normal limits
- ☐ Delayed
- ☐ Unknown

Speaking

- ☐ Early
- ☐ Within normal limits
- ☐ Delayed
- ☐ Unknown

Potty Training

- ☐ Early
- ☐ Within normal limits
- ☐ Delayed
- ☐ Unknown

Comments Regarding Early Development:

Family History

Please list the people who lived in the student's childhood home (list relationship to student):

Were there any significant stressors or losses that the student experienced during childhood (i.e., loss of caregiver, economic stressors, mistreatment, etc.)? ☐ Yes ☐ No
If yes, please list below:

Is there a family history of one of the following conditions (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Speech or Language Delay | <input type="checkbox"/> Other Developmental Delays |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Other Psychiatric Disorders | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Chronic Medical Conditions | |

For any conditions checked above, please list relationship of family member to student

Please list the highest level of education completed by the student's parent(s):

Academic History

Did the student have an IEP or a 504 plan? ☐ Yes ☐ No

If yes, please describe further below (services received, grades during which IEP/504 was in place, eligibility category for IEP, etc.). If you have a copy of the student's most recent IEP or 504 plan, please provide it to the student to share with the examiner.

Generally, what types of grades did the student receive during elementary school:

☐ Above average ☐ Average ☐ Below Average

Generally, what types of grades did the student receive during middle school:

☐ Above average ☐ Average ☐ Below Average

Generally, what types of grades did the student receive during high school:

☐ Above average ☐ Average ☐ Below Average

Did any of the student's teachers or schools raise concerns regarding behavior? ☐ Yes ☐ No

If yes, please describe below:

Medical/Psychiatric/Social History

Has the student experienced any of the following (please check all that apply):

☐ Traumatic Brain Injury
☐ Surgery

☐ Concussion/Loss of Consciousness
☐ Hospitalization

Please provide further details if any of the items are checked above:

Please list any of the student's chronic medical diagnoses below:

Please list any of the student's psychiatric diagnoses below:

Please list any of the student's neurological diagnoses below:

Has the student received therapy or psychological testing in the past? ☐ Yes ☐ No
If yes, please describe below. If copies of previous psychological test reports are available, please provide them to the student to share with the examiner.

Does the student have any history of arrests or other legal concerns? ☐ Yes ☐ No
If yes, please describe below.

Do you recall the student having social difficulties as a child? ☐ Yes ☐ No
If yes, please describe below.

Additional Comments