



Global Psychoeducational Solutions

Client Intake Form

Client Info

First Name	<hr/>
Last Name	<hr/>
Gender	<hr/>
Date Of Birth	<hr/>
Chronological Age	<hr/>
Current School	<hr/>
Primary Language	<hr/>
Grade	<hr/>
Race/ Ethnicity	<hr/>
Email Address	<hr/>
Place of Birth	<hr/>
Home Address	<hr/> <hr/>

Parent 1 Info

Parent/Guardian Name	<hr/>
Age of Parent/Guardian	<hr/>
Email Address	<hr/>
Phone	<hr/>
Address	<hr/>
Country of Origin	<hr/>
Occupation	<hr/>
Highest Grade Completed	<hr/>
Siblings & their age	<hr/> <hr/> <hr/>

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Parent 2 Info

Parent/Guardian Name	_____
Age of Parent/Guardian	_____
Email Address	_____
Phone	_____
Address	_____
Country of Origin	_____
Occupation	_____
Highest Grade Completed	_____

Early Developmental Information

Gestational Age	_____
Birth Weight	_____
Postnatal Difficulties	_____
Developmental Milestones	_____
<input type="checkbox"/> Crawled	_____
<input type="checkbox"/> Walked	_____
<input type="checkbox"/> First Words	_____
<input type="checkbox"/> Phrases	_____
<input type="checkbox"/> Toilet Trained	_____
<input type="checkbox"/> Bedwetting	_____

Medical/Mental Health Information

Any relevant medical conditions, medications, or allergies	_____
Previous or current mental health services or diagnoses	_____
Any significant life events or changes that may have impacted the client	_____

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Difficulties/ Impairments

- Vision _____
- Wears Glasses _____
- Hearing _____
- Speech Language _____
- Sleep _____
- Eating _____

Family History of Medical/Mental Health/Learning Problems

Describe client's overall behavior at home

Describe client's behavior with parents, siblings, and peers

What are clients strengths/interest/hobbies

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Traumatic Events/Psychological Stressors

Has client been exposed to/affected by

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Victim of abuse | <input type="checkbox"/> Victim of crime |
| <input type="checkbox"/> Domestic/neighborhood violence | <input type="checkbox"/> Catastrophic events |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Separation/divorce | <input type="checkbox"/> Family incarceration |
| <input type="checkbox"/> Serious family illness/death | <input type="checkbox"/> Other: _____ |

If yes to any, explain

Educational History

Describe client current school experiences, successful/unsuccessful interventions, strengths and challenges

Describe client previous school experiences, successful/unsuccessful interventions, strengths and challenges

Describe client previous school experiences, successful/unsuccessful interventions, strengths and challenges

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When did difficulties begin?

Describe client's attendance?

Has client been retained

Yes No

Early Developmental Information

Please rank each area of concern by order of significance

- | | |
|-------------------------------------------------------|-------|
| <input type="checkbox"/> Academic Functioning | _____ |
| <input type="checkbox"/> Executive Functioning | _____ |
| <input type="checkbox"/> Behavioral Functioning | _____ |
| <input type="checkbox"/> Social-Emotional Functioning | _____ |
| <input type="checkbox"/> Developmental Functioning | _____ |

Check all that apply

Academic Functioning

- Poor grades or declining academic performance
- Struggles with specific subjects or concepts
- Lacks engagement or motivation in academic activities
- Reading difficulties, such as struggling to read fluently or comprehend written material.
- Writing difficulties, such as trouble expressing thoughts in writing
- Mathematics difficulties such as trouble understanding basic concepts and comprehending mathematical word problems
- Struggles to understand and follow multi-step instructions, often requiring repeated explanations

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Executive Functioning

- Difficulty with organization and planning
- Poor time management skills
- Lack of impulse control
- Trouble with goal setting and follow-through
- Difficulty with information retrieval
- Inflexibility and difficulty with transitions
- May have challenges with self-control and emotional regulation
- Has trouble understanding and retaining information, both in written and verbal forms
- Takes longer than expected to complete tasks or respond to verbal or written information

Behavioral Functioning

- Engages in physical or verbal aggression towards others
- Frequently interrupts or disturbs others in class or social settings
- Shows difficulty following rules or instructions
- Displays excessive restlessness, fidgeting, or difficulty staying seated for extended periods
- Challenges authority figures
- Fails to follow through with instructions or requests, ignores rules
- Becomes easily frustrated

Social Emotional Functioning

- Difficulty forming and maintaining friendships
- Prefers to be alone and avoids social interactions with peers
- Experiences frequent and intense emotional ups and downs
- Low self-esteem or self-worth
- Displays excessive worrying or fearfulness
- Struggles to accurately identify and understand emotions in oneself and others
- Exhibits fear or anxiety in social situations
- Sensitivity to criticism or rejection
- Exhibits repetitive

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Developmental Functioning

- Speech and language delays
- Displays difficulties with fine motor skills (e.g., handwriting, using utensils) or gross motor skills (e.g., running, jumping)
- Demonstrates heightened sensitivity or aversion to sensory stimuli
- Displays challenges in activities of daily living
- Exhibits challenges adapting to new situations or changes in routine
- Demonstrates difficulties with age-appropriate play skills, such as imaginative play, turn-taking, or engaging in cooperative play.

Additional Comments/Specific goals parents or guardians have for the assessment:

Office use only:

Respondent's Name:	Relationship to client:	Qualified Interviewer:

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