



# Global Psychoeducational Solutions

## Client Intake Form

### Client Info

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

### Parent 1 Info

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

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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 \_\_\_\_\_

Crawled \_\_\_\_\_

Walked \_\_\_\_\_

First Words \_\_\_\_\_

Phrases \_\_\_\_\_

Toilet Trained \_\_\_\_\_

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

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### Describe client's overall behavior at home

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

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### 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

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### Educational History

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

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

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## Client Intake Form

When did difficulties begin?

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Describe client's attendance?

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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:

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### Office use only:

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

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