



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/> |
| | <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

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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

☐

Academic Functioning

☐

Executive Functioning

☐

Behavioral Functioning

☐

Social-Emotional Functioning

☐

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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