



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

CONFIDENTIAL

“Unlocking potential in a modern world”



Global Psychoeducational Solutions

Client Intake Form

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

CONFIDENTIAL

“Unlocking potential in a modern world”



Global Psychoeducational Solutions

Client Intake Form

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

CONFIDENTIAL

"Unlocking potential in a modern world"



Global Psychoeducational Solutions

Client Intake Form

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

CONFIDENTIAL

“Unlocking potential in a modern world”



Global Psychoeducational Solutions

Client Intake Form

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

CONFIDENTIAL

"Unlocking potential in a modern world"



Global Psychoeducational Solutions

Client Intake Form

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

CONFIDENTIAL

“Unlocking potential in a modern world”



Global Psychoeducational Solutions

Client Intake Form

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:

CONFIDENTIAL

“Unlocking potential in a modern world”