



# 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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## 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

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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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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*

☐

Academic Functioning

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☐

Executive Functioning

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☐

Behavioral Functioning

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☐

Social-Emotional Functioning

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☐

Developmental Functioning

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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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