INTAKE INTERVIEW

Health/Educational Background:

Did you meet all developmental milestones appropriately: walking__ talking__ reading__ writing__

Did you have any health problems as a child or young adult? ________________________________________

Is there a family history of:
Learning problems ___________ Autism ___________ Mood disorders ___________
Health conditions ___________ Alcoholism ___________ ADHD ___________

Dyslexia ___________ Other ___________

Was English the only language spoken in your home?
________________________________________

Do you get your hearing & vision checked regularly? _________________________________________________

How did you do in school (K-12)?
____________________________________________________________________________________

When were you first diagnosed?
________________________________________

Did you ever need to repeat a grade? ____ If so, when? _____________________________________________

Have you ever received accommodations/assistance due to your disability? ____ No ____ Yes
(Explain): ________________________________________________________________

Current information:

How did you hear about our services? _____________________________________________________________

How do you describe your disability/condition?
____________________________________________________________________________________

How does it affect you?
____________________________________________________________________________________

Are you taking any medications? _______________________________________________________________
Are you seeking a degree? ___No ___Yes If so, what? ______________________________________

What subjects do you find most difficult? _________________ Most enjoyable? ________________

Have you spoken with any of your instructors regarding the difficulties you are having in class? _____
(Explain):____________________________________________________________________________

How would you describe your study habits?
____________________________________________________________________________________
____________________________________________________________________________________

What kind of outside help/services have you sought, if any? __________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Referrals (if any):

Observations/Notes:

Recommended Accommodations:

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