

Mail: 13023 NE Hwy 99, Ste. 7-233, Vancouver, WA 98686 • (360) 760-4041 • fax (360) 760-4218

Child/Adolescent Intake Form

Name of child/adolescent: _____ Date: _____
Address: _____ City, State, Zip: _____
Home Phone: _____ Work: _____ Cell: _____ Msg OK? Y N
Birthdate: _____ Name of birth mother: _____ Name of birth father: _____
Primary Caregiver: _____ Marital status: Married Separated Divorced

I. Developmental history

Birth weight: _____lb. _____oz.

Was this a full-term pregnancy? _____

Age for sitting up: _____ Age for first crawl: _____ Age for first words: _____

Describe any prenatal / birth complications:

History of childhood illnesses / diseases:

List any traumas or prolonged separation:

II. Home Environment

(Please circle the number that best describes his/her behavior.)

	Poor		Average		Excellent
1. Relationship with mother	1	2	3	4	5
2. Relationship with father	1	2	3	4	5
3. Relationship w/ primary caregiver, if different from above	1	2	3	4	5
4. Relationship with siblings	1	2	3	4	5
5. Willingness to comply with disciplinary procedures	1	2	3	4	5
6. Cooperates in performing household tasks / chores	1	2	3	4	5
7. Accepts responsibility for mistakes	1	2	3	4	5
8. Ability to control his/her emotions	1	2	3	4	5
9. Willingness to be helpful to other family members	1	2	3	4	5

III. School Environment

(Please circle the number that best describes his/her school performance.)

	Poor		Average		Excellent
Ability to complete assigned work	1	2	3	4	5
Willingness to complete assigned work	1	2	3	4	5
Academic performance for grade level	1	2	3	4	5
Willingness to follow school rules	1	2	3	4	5
Peer relationships	1	2	3	4	5
Willingness to follow directions from school adults	1	2	3	4	5

Describe the young person's most pleasant/positive attribute around home:

Briefly list your biggest concern about young person's behavior around home:

Briefly describe your discipline procedures:

Rate the effectiveness of your discipline procedures:

<u>Poor</u>	<u>Average</u>			<u>Excellent</u>	
1	2	3	4	5	

Is your son/daughter: On an I.E.P? Yes No On a 504 Accommodation Plan? Yes No

In your estimation, what is your son/daughter's strongest academic area?

In what academic area(s) does your son/daughter have difficulty?

What does your son/daughter say they like best about school?

IV. Peers / Activities

What hobbies or activities are of interest to your son/daughter (sports, clubs, etc.)

What previous hobbies or activities is he/she no longer interested in?

(Please circle the number that best describes his/her peer relationships.)

	<u>Poor</u>	<u>Average</u>			<u>Excellent</u>	
	1	2	3	4	5	
Ability to initiate positive peer relationships	1	2	3	4	5	
Ability to maintain positive peer relationships	1	2	3	4	5	
Ability to restore friendships following conflicts	1	2	3	4	5	
Ability to resist following friends who make poor choices	1	2	3	4	5	
Willingness to accept responsibility for poor choices	1	2	3	4	5	
Willingness to show care and concern for peers	1	2	3	4	5	

Does your child use drugs or alcohol? If so, what kind? How often?

Please list any other information that you believe is important to know about your son/daughter.