

Pediatric Intake Questionnaire

Learning Coach LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

Purpose of this form. This form prompts for necessary information to begin evaluation and services. Learning Coach LLC focuses on outcomes related to learning, and this intake form refers to the person receiving treatment as "student."

FAMILY INFORMATION

Student Name _____

Student Date of Birth: _____

Name of person filling out this form: _____

Relationship to student: _____

Phone number _____

Email address: _____

OTHER AUTHORIZED GUARDIANS

Home address: _____

Current occupation: _____

Name: _____

Relationship to student: _____

Phone number _____

Email address: _____

Home address: _____

Current occupation: _____

HOME

Who lives in the same home as the student?

How would you describe the student's relationship with parents?

How would you describe the student's relationship with siblings?

STRENGTHS

What activities does the student enjoy?

What subject matter does the student enjoy?

What personality traits are student strengths?

What locations does the student most enjoy?

REFERRAL INFORMATION

Pediatrician Name: _____

Pediatrician Office Address: _____

Pediatrician Office Phone: _____

Who referred you for occupational therapy services with Learning Coach LLC?

What is the primary reason for seeking support?

Secondary reason? _____

Tertiary reason? _____

SCHOOL

Current School Attending: _____

Grade: _____

Student's favorite part of the school day: _____

Student's second favorite part of the school day: _____

Student's least favorite part of the school day: _____

Other school-related information: _____

What is your student's current enjoyment of reading? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of math? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of writing? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of PE (Physical Education)? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of music class? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of recess? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of lunchtime? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of riding the bus? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What is your student's current enjoyment of socializing at school? Circle one.

Dislikes Somewhat dislikes Neutral Somewhat likes Likes

What other classes or parts of the school day would you like to comment on?

Which supports (if any) does the student have at school? Check all that apply.

- IEP (Individualized Education Program) / ISP (Individualized Service Plan)
- 504 Plan (formal accommodations)
- BIP (Behavioral Intervention Plan)
- 1-on-1 paraeducator support
- Classroom (not 1-on-1) paraeducator support
- Other _____

Which related services (if any) does your student receive at school? Check all that apply.

- Occupational Therapy
- Speech Therapy

- Physical Therapy
- Vision Therapy
- Behavioral support
- Mental Health Counseling
- Other_____

EMPLOYMENT- Leave individual questions blank if not applicable

What household tasks is the student responsible for?

How would you describe the student's participation during community errands?

Which professions has the student shown an interest in?

What volunteer roles has the student participated in?

What paid employment has the student participated in?

What other information would you like to share?

COMMUNITY

What physical activities has the student shown interest in?

What artistic activities has the student shown interest in?

What social activities has the student shown interest in?

What other activities has the student shown interest in?

Which types of transportation does your student successfully use, such as to school, a neighbor's house, or a grocery store? Check all that apply.

- Walking with supervision
- Walking independently

- General education school bus
- Specialized transportation school bus
- Community bus with supervision
- Community bus independently
- Riding in a vehicle
- Driving with supervision
- Driving independently
- Bicycling with supervision
- Biking independently
- Other _____

Which community supports has your student received in the past year? Check all that apply.

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Vision Therapy
- Academic Tutoring
- ABA (Applied Behavior Analysis)
- Mental Health Counseling
- Department of Vocational Rehabilitation (DVR)

Other _____

MISCELLANEOUS

What other notes would you like to add to this intake form?
