

Independent Educational Evaluators of America, LLC

CLIENT INTAKE FORM FOR ADULTS & COLLEGE STUDENTS

Today's date: _____ Person Completing Form: _____

CLIENT INFORMATION

Client's Last name	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
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Email Contact Address: _____

Street Address	City	State and Zip Code	Client's Birth date / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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College Student? YES NO Major: _____ Credits Earned: _____ Minor: _____ GPA: _____

If YES, name of college currently attending: _____

MOTHER INFORMATION *for Dependant College Students Only*

Mother's Name	Mother's Address if Different from Client's	Mother's Home Phone	Mother's Business Phone
Mother's Cell Phone	Mother's Email Address	Mother's Date of Birth	Mother's Marital Status Single / Mar / Div / Sep / Wid
Mother's Education	Mother's Employer	Mother's Work Hours	Mother's Position

FATHER INFORMATION *for Dependant College Students Only*

Father's Name	Father's Address if Different from Client's	Father's Home Phone	Father's Business Phone
Father's Cell Phone	Father's Email Address	Father's Date of Birth	Father's Marital Status Single / Mar / Div / Sep / Wid
Father's Education	Father's Employer	Father's Work Hours	Father's Position

OTHER INDIVIDUALS LIVING IN THE HOME

Name	Relationship to Client	Age	Grade

Referred by: _____

Other family members seen here: _____

CLIENT EDUCATIONAL HISTORY

(Please Print)

Client Name:			Person Completing Form:		
Did you have any developmental delays requiring early intervention ?		YES	NO	If YES, please describe below:	
Did you require any of the following related services in school?			What services were provided and when?		
Speech and/or Language Therapy	Yes	NO			
Occupational Therapy	Yes	NO			
Physical Therapy	Yes	NO			
Social Skills Training	Yes	NO			
List all Schools Attended	From	To	Grades	List any special education or remedial services provided	
Is English your <i>second</i> language?		YES	NO	If YES, what is your first language?	
What language is spoken in your home?					
List all Private Services Provided (for example, private tutoring, private OT or PT, private Speech/Language, test preparation courses, etc)					
Service Provided	From	To	Grades		
Favorite Subjects in School					
Worst Subjects in School					
Corrective lenses for vision?	YES	NO	Vision Therapy? If YES, please explain:		
Hearing aides or FM system?	YES	NO			

Thank you for completing this form.