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CHILD AND ADOLESCENT INTAKE FORM: ADMISSIONS TESTING

To be filled out by parent or guardian requesting services for a minor child. This information will help your therapist understand you child. It, as all communications with your therapist, will be kept confidential to the full extent of Washington, DC law.

Today's date _____

BACKGROUND INFORMATION

Child's Name _____ Date of Birth _____ Age _____

Child lives with (✓ one): both biological parents _____ mother _____ father _____
mother & stepfather _____ father & stepmother _____ other _____

Child's Address/City/St/Zip _____
_____ Child's Home Phone _____

INFORMATION ABOUT CHILD'S MOTHER

Mother's Name _____

Employer _____ Occupation _____

Home address (if different than above): _____

Mother's home phone (if different than above): _____ Mother's cell phone: _____

Mother's email: _____ May I use this email? yes no

INFORMATION ABOUT CHILD'S FATHER

Father's Name _____

Employer _____ Occupation _____

Address (if different than above): _____

Father's home phone (if different than above): _____ Father's cell phone: _____

Father's email: _____ May I use this email? yes no

ACADEMIC / SCHOOL INFORMATION

School Name _____ Grade _____ Teacher _____

Has child ever repeated a grade? Yes No If so, when? _____

Describe your child's academic performance: _____

How does your child get along at school? _____

SOCIAL INFORMATION

Describes your child's relationship with peers: _____

Describe what your child likes to do for fun, special interests, hobbies, etc. _____

Describe your child's strengths and positive traits: _____

