Pathfinders Learning Inc.
Cognitive Educational Training
Brenda Lana, B. A. Founder & Executive Director
Lauren G. Bailey, B. A. Clinical Director

*Serving South Orange County in Two Locations*

**Rancho Santa Margarita**
29833 Santa Margarita Parkway, Suite 300
Rancho Santa Margarita, CA 92688

**Aliso Viejo**
27121 Aliso Creek, Suite 130
Aliso Viejo, CA 92656

# INTAKE QUESTIONNAIRE

Please complete the questionnaire to assist Pathfinders in providing you with the consulting services you requested for your child. We consider this information strictly confidential and will not share it with any other agency, or individual. When you have completed this questionnaire, please return it to Pathfinders with your initial payment.

Child's Last Name:_____ Child's First Name:_____
Date of Birth:_____ Age:_____
Referred by_____ Grade: _____
School _____

In case of family separation, please provide residence information for both families and indicate custodial address.

**Father's** Last Name:_____ First Name:_____
Address:_____
City: _____ State: _____ Zip:_____
Phone: Home:_____ Cell:_____
Business:_____ Fax: _____
Email: _____

**Mother's** Last Name:_____ First Name:_____
Address:_____
City: _____ State: _____ Zip:_____
Phone: Home: _____ Cell: _____
Business: _____ Fax: _____
Email: _____

**Reason you are contacting Pathfinders? List specific needs/goals to be considered by our staff:**

_____

_____

_____

_____

_____

_____

_____

**Family Members:**

Name Age Sex At home (Y/N)

Father_____

Mother_____

Siblings_____

_____

_____

_____

Child's primary language: _____Language spoken at home: _____

Present Family Situation:

Single:_____ Married:_____ Separated:_____ Divorced:_____ Other:_____

If parents are divorced or separated, please explain visitation.

_____

**Health**

Is your child in good general health at the present time?

_____

_____

Is your child currently taking any prescribed medication? Yes_____ No_____

_____

Are there any medical illnesses or conditions that have been diagnosed?

_____

When was your child's most recent medical check-up?

Doctor's name_____ Date _____

## Behavior and Character

Please check areas of strength:

☐ Creative
☐ Social skills
☐ Highly verbal
☐ Sense of humor
☐ Academic skills
☐ Compassionate
☐ Cooperative
☐ Artistic
☐ Coordinated
☐ Enthusiastic
☐ Leadership skills
☐ Self-Confident
☐ Motivated
☐ Other _____
_____
_____

Please check areas that apply to your child:

### Personal

☐ Withdrawn ☐ Lacks social skills
☐ Lacks motivation
☐ Easily frustrated
☐ Lacks confidence
☐ Moody/emotional
☐ Other_____

### Social

☐ Defiant
☐ Rebellious
☐ Doesn't follow rules
☐ Other_____

Please list your child's interests and activities (hobbies, clubs, etc.): _____
_____
_____

## Family Adaptation

At home, how would you describe his/her general adjustment?

Poor_____ Fair_____ Good_____ Excellent_____

How does s/he get along with each member of the family?

Mother_____
Father_____
Siblings_____
_____
_____

Have there been any traumatic family events in the course of this child's development?

_____
_____

## Motor Development

How would you describe your child's motor development?

Delayed_____ Normal_____ Advanced_____

Please check areas of difficulty.

- ☐ Handwriting/printing
- ☐ Eye-hand coordination
- ☐ Visual perception
- ☐ Poor balance
- ☐ Reverses letters
- ☐ Slow or poorly established preference for right or left hand
- ☐ Excessive body movement or fidgeting
- ☐ Sensitivity to touch or certain items of clothing
- ☐ Large muscle activity

Does your child participate in sports, dance or other physical activities?

_____

## Auditory Development

Has your child experienced any problems with his/her hearing? (Operations, tubes, infections)___

_____

_____

_____

Are there any current hearing problems of which you are aware?_____

_____

When was the last time his/her hearing was tested? _____

## Visual Development

Has your child experienced any problems with his/her eyesight or vision?_____

_____

_____

Are there any current problems of which you are aware?_____

_____

_____

When was the last time his/her eyesight was tested? _____

## Speech and Language Development

How would you describe your child's speech and language development:

Delayed_____ Normal_____ Advanced_____

_____

_____

_____

## Speech and Language Development (Continued)

- ☐ Needs to have instructions repeated
- ☐ Distractibility, daydreaming, restlessness in learning situations
- ☐ Difficulty following or participating in conversations in a noisy environment
- ☐ Delay in language development
- ☐ Slow, hesitant, poorly articulated speech
- ☐ Poorly modulated voice (too soft or too loud)
- ☐ Poor voice quality (hoarse, monotone, lifeless, flat)

## Listening

- ☐ Tends to daydream
- ☐ Inattentive when spoken to
- ☐ Needs instructions repeated
- ☐ Difficulty remembering instructions
- ☐ Misinterprets what has been said
- ☐ Distracted by ambient noise
- ☐ Overly sensitive to specific sounds

Teacher has commented on his/her listening skills? Yes _____ No _____

If yes, explain_____

_____

## SCHOOL HISTORY

Schools attended:

_____Dates_____

_____Dates_____

_____Dates_____

Retained? YES/NO If so, when?_____

Please check areas of difficulty:

In

- ☐ Difficult adjustment to school life
- ☐ Comprehension of visually presented material
- ☐ Comprehension of orally presented material
- ☐ Recognition of problems by teacher within the first two years of school
- ☐ Decoding unfamiliar word/word attack skills
- ☐ Reading comprehension
- ☐ Written language
- ☐ Spelling
- ☐ Math computation
- ☐ Math problem solving/word problems
- ☐ School attendance
- ☐ Attention and focus
- ☐ Following directions
- ☐ Retaining material
- ☐ Organizing work
- ☐ Completing assignments
- ☐ Work rate: fast slow

In general, how would you describe your child's experience learning and attitude about school from kindergarten to the present time?

_____

Has your child had any previous assessments?

| | Yes | No | Place | Date |
|---|---|---|---|---|
| Medical | | | | |
| Visual | | | | |
| Audio logical | | | | |
| Speech/Lang | | | | |
| Educational | | | | |
| Psychological | | | | |
| Occupational Therapy | | | | |
| Others: | | | | |

Has your child been previously diagnosed as having a specific learning or emotional disorder?

_____

Has your child received any special education or special therapy? Yes_____ No_____

_____

Has you child received any assistance outside of School? Yes_____ No _____

Have there been any specific events or traumas linked with the onset of your child's difficulties?

**Confidentiality Agreement:**

The information we will acquire about you is strictly for the purpose of helping you attain your goals. We consider this information highly confidential. It will not be shared with any other agency, or individual, unless you direct us, *in writing*, to do so. All of the records you send us will remain in our confidential files unless you direct us to return them to you. Please copy and complete confidential release forms for all those professionals you wish to provide reports, testing data and phone conferences to Pathfinders.

**Consent for Consulting Services:**
I hereby give my consent to Pathfinders to provide consultation services regarding my child, which may include interviews, record reviews, assessments, specialized testing, and contact to other involved professionals. I understand that I will be included in determining the course of the consultation process.

**Payment Agreement:**
I understand that I am fully responsible for all charges incurred for the services provided to me by Pathfinders. I understand that the cost of an assessment is $640 and that payment of a $100 *nonrefundable* deposit is due in advance of scheduling the assessment. Once the deposit and completed forms are received, I will be contacted to schedule the assessment. The balance remaining of $540 will be collected on the day of the assessment. All future consultation services will be billed one month in advance of services to be rendered. I may request a description of Services and Fees at any time. Payment is due in full upon receipt of invoices.

**Responsible Party Signature:**

_____
Print name

_____ Date: _____
Signature

Thank you for completing this questionnaire. Please mail it along with your initial payment to:

Pathfinders Learning, Inc.
29833 Santa Margarita Pkwy, Suite 300
Rancho Santa Margarita, CA 92688