

Please complete the questionnaire to assist Pathfinders in providing you with the consulting services you requested for your student. 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.

Student's Last Name _____ Student's First Name _____
Date of Birth _____ Age _____ Grade _____
School _____ Referred by _____

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: Cell _____ Business _____
Email _____

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

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

Present Family Situation:

Single _____ Married _____ Separated _____ Divorced _____ Other _____

If parents are divorced or separated, please explain visitation.

Family Members:

	Name	Age	Sex	At home?(Y/N)
Father				
Mother				
Siblings				

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 student's development?

Health

Is this student in good general health at the present time?

Is this student currently taking any prescribed medication? Yes_____ No_____

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

When was this student's most recent medical check-up? _____

Doctor's name _____ Date _____

Nutrition

What does your student typically eat for breakfast?

Behavior and Character

Please check areas of strength:

- | | |
|--|--|
| <input type="checkbox"/> Creative | <input type="checkbox"/> Coordinated |
| <input type="checkbox"/> Social skills | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Highly verbal | <input type="checkbox"/> Leadership skills |
| <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Self-Confident |
| <input type="checkbox"/> Academic skills | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Artistic |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Other _____ |

Please check areas that apply to this student:

Personal

- Withdrawn
- Lacks motivation
- Easily frustrated
- Lacks confidence
- Moody/Emotional
- Other _____

Social

- Lacks social skills
- Defiant
- Rebellious
- Doesn't follow rules
- Other _____

Please list this student's interests and activities (hobbies, clubs, etc.):

Screen Time

Approximately how much time does this student spend using electronic devices?

- | | |
|---|--|
| <input type="checkbox"/> less than 1 hour per day | <input type="checkbox"/> 3-6 hours per day |
| <input type="checkbox"/> 1-3 hours per day | <input type="checkbox"/> more than 6 hours per day |

What devices does this student spend time on? (Check all that apply)

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Video Games | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Social Apps (Facebook, Instagram, Snapchat, etc.) | |

Motor Development

How would you describe this student's motor development?

Delayed _____ Normal _____ Advanced _____

Please check areas of difficulty.

- | | |
|--|---|
| <input type="checkbox"/> Handwriting/printing | <input type="checkbox"/> Slow or poorly established preference for right or left hand |
| <input type="checkbox"/> Eye-hand coordination | <input type="checkbox"/> Excessive body movement or fidgeting |
| <input type="checkbox"/> Visual perception | <input type="checkbox"/> Sensitivity to touch or certain items of clothing |
| <input type="checkbox"/> Poor balance | <input type="checkbox"/> Large muscle activity |
| <input type="checkbox"/> Reverses letters | |

Does this student participate in sports, dance or other physical activities? _____

Auditory Development

Has this student 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 this student 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

Student's primary language: _____ Language spoken at home: _____

How would you describe this student'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:

- 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 this student's experience learning and attitude about school from kindergarten to the present time? _____

Has this student had any previous assessments?

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

Has this student been previously diagnosed as having a specific learning or emotional disorder?

Has this student received any special education or special therapy? Yes _____ No _____

Has this student received any assistance outside of school? Yes _____ No _____

Have there been any specific events or traumas linked with the onset of this student'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 student, 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 \$350, 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 \$250 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

Signature

Date: _____

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

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