Intake Data Sheet

Please Complete ALL Data

Child's Name _____ Date of Birth _____

Nickname_____ Race_____ Sex _____ Age _____ Social Security Number _____

Phone Number_____ Work Phone _____

Address_____
Street City State Zip Code

Place of Birth _____
City State

Is Child Employed?_____ If yes, where? _____

Is this child married?_____Does the child have children?_____

Educational History

Name of School Attending:_____ Current Grade: _____

How has the child been performing in school this year? _____

How has the child performed in school in the past? _____

Have there been any problems with truancy (unexcused absences)? _____

If yes, please explain: _____

Behavior History

Describe any problems with child's behavior: _____

_____

_____

Extracurricular Activities

Please list all special activities, sports or club Memberships: _____

_____

_____

_____

Medical and Developmental History

Mention any lags in the development or any serious illness, injury or other health problems, past or present. Please include information regarding any medication(s) the child is currently taking.

_____

_____

_____

Parents Information

Are the Parents Married? _____

At the present time, who has custody of the child? _____

Mother_____ Maiden Name_____

Address_____
Street City State Zip Code

Home Phone _____Work Phone _____

Occupation Employer_____

Father Name _____

Address_____
Street City State Zip Code

Home Phone _____Work Phone _____

Occupation Employer_____

Others Living in the Home

Last Name	First Name	MI	Sex	Relationship to Child	Social Security #	Date of Birth