

# Intake Interview

Full Name:

Date of Birth:

Age:

Telephone Number:

Home mailing address (permanent and school):

School:

Present Status/Credits:

Major:

GPA:

Please describe your current academic difficulties. How long have you had these difficulties? How have you dealt with these problems up to this point. Why referred now?

What do you think is the cause or root of the problems?

Previous colleges?

Major and how satisfied with this choice?

Present courses and grades (credit hrs current semester)?

Number of hours per week do you study? *Attend class regularly.*

Any supportive services, like tutoring, etc.

Easiest subjects and hardest subjects and why?

Future career and educational goals? (How satisfied?)

Any difficulties with the following, if yes, please describe:

Notetaking in class and following lectures?

Completing assignments on time (time management)/Work completion?

Any problems with attention/concentration/distractibility?

Examinations (inability to finish within the time period allotted, written essays, multiple choice, true/false, understanding exam questions, etc.).

Difficulty retrieving information (word retrieval – even though you know the answer) – drawing a blank – mental block?

Test anxiety?

Oral presentations – expressing ideas orally?

### Academic Symptoms Checklist

#### Reading

Comprehension of text. Identifying the main point.

Tracking problems (i.e., skipping words, sentences or lines, omitting letters).

Reversing letters. Confusing similar words (e.g., nuclear/unclear). Adding letters to words.

Misreading material and have to reread it again.

Slow reading rate.

Reading aloud/silently.

Focusing.

Tires easily when reading or have headaches.

Do you read often for pleasure? Do you enjoy reading?

Any compensatory strategies?

### Math

Incomplete mastery of basic facts (multiplication tables)?

Basic math calculations

Make "careless" mistakes (e.g,  $5-4 = 11$ ).

Reverse numbers and confuse symbols (math signs) (+ for X).

Incorrectly copying from one line to another.

Word problems.

Converting fractions to decimals.

Determining place value.

Figures in Space/Geometry.

Any compensatory strategies?

### Written language

Mechanics of Writing: Punctuation, grammar, usage, run on sentences?

Spelling:

Reversing letters, add or drop letters (kissed for kiss)

Misspell commonly used words (was for saw, nuclear for unclear)

Penmanship: cursive, print

Proofreading skills?

Difficulty organizing paragraphs and essays?

Completing assignments on time?

Difficulty copying from the board or overhead?

Any compensatory strategies?

### Educational History

- A. Previous evaluations.
- B. Retentions.
- C. Special Education/Speech & Language/OT.



On Separate Sheet for each: 1) Elementary School, 2) Middle School, 3) High School:

- A) Hardest/least favorite subjects, easiest/favorite subjects.
  - B) Strengths and weaknesses.
  - C) Supportive services, special education services, any extra help.
  - D) Social/emotional functioning or behavioral.
  - E) Any difficulty learning to read.
  - F) Did you like school?
  - G) Any problems with *attention/hyperactivity/distractibility/impulsivity*.
- High School. Highest math classes in high school? High school curriculum(college prep/general/business)? SAT or ACT Scores? Extracurricular activities? Foreign Language courses? GPA.

Any previous counseling or therapy for learning difficulties or other concerns?  
When? How long? Did it help?

Developmental History – delays? speech (first words, sentences); crawling; walking; fine/gross motor skills).

### Medical and Family History

Any major medical problems or accidents when younger and currently?  
Prolonged absences from school?

Any of the following medical problems: head injury, allergies, high fevers, sleep disorders, ear infections, hearing, seizures, asthma, vision problems.

When?

Current medical status:

Any problems with sleep, appetite, mood (sad, unhappy more than others your age), energy level, anxiety(worry more than others)? Any suicidal thoughts/gestures?

Any medications? Previously or currently (how long?)

Family history (LD, ADD, educational background and occupation)

<u>Member</u>	<u>Age</u>	<u>Occupation</u>	<u>Education</u>	<u>LD/ADD/MH/OTHER</u>	<u>Rel/3 Words</u>
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mother					
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father					
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brother					
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sister					
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others					
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Extended and Immediate Family Members:

(include any learning, emotional, suicidal, abuse, etc.)

Significant Other? How long in relationship? Support of testing and educational pursuits? Social life in general?

Any substance abuse by self and/or family previously or currently? (how many in a typical week), cigarettes, caffeine?

### Work History

Current?

Previous?

Any specific difficulties?

We have talked about areas of weaknesses or needs, now please describe your strengths (things you are good at doing - academically or non-academically).

Hobbies? Things you enjoy doing in your free time?

Any Additional Information that would be relevant to this evaluation?

What would you hope to get out of these evaluation?