

Parent Intake

Student: _____

Parent: _____

Phone: _____ Email: _____

Address: _____

Married Re-Married Long-Term Relationship Single

Describe Child's Relationship with Parent(s): _____

Siblings Step-Siblings

Describe Relationship with Sibling(s): _____

Other Important People: _____

Medical Information: _____

Last Eye Exam: _____ Last Hearing Exam: _____

School History: _____

Outside Counseling: Yes No Release of Information: Yes No

Agency/Counselor: _____

Community Resources: _____

Concern(s): _____

Follow-Up: _____

