

Casey Dixon MSEd, Learning Disabilities Specialist & Life Coach
THERAPEUTIC TUTORING INTAKE FORM

Today's Date

Client's Information

Your Name

Date of Birth Current Age

Home Address

.....

Phone Mobile Email

Billing Contact Name Phone

Address

Employment Information

Place of Employment

Address

Phone Is it okay to call you at work?

School Information

Did you graduate from high school?

Have or are you currently attending college?

Name of School Current Year (or year entering)

Degree or Subject of Study

Casey Dixon MSEd, Learning Disabilities Specialist & Life Coach
THERAPEUTIC TUTORING INTAKE FORM

Diagnostic History

Do you have diagnosed learning disability or diagnosed ADD?

Please describe your learning style, including strengths and difficulties

.....
.....
.....
.....
.....
.....
.....
.....

If you have one, what is your diagnosis?

Who gave the diagnosis? Date of Diagnosis

If you have a copy of your psycho-educational evaluation or comprehensive evaluation report (CER), *please attach it to this form*. All information will be kept strictly confidential.

How did you hear about me?

How often would you like to be tutored each week?

Your name

Your signature

Thank you for taking the time to fill out this form. All information will be kept confidential and will be used only to inform me and facilitate communication.