

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

Today's Date

Child's Information

Child's Name

Child's Date of Birth Current Age

Primary Home Address

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Phone Mobile Email

Parent or Guardian Information

Mother's Name Father's Name

Address Address

.....

Phone Phone

Mobile Mobile

Email Email

Parents are (circle one) Single Married Separated Divorced Widowed

Emergency Contact Name Phone

Billing Contact Name Phone

Address

School Information

Name of School Current Grade (or grade entering)

Address

Phone..... Do you want me to communicate with your child's teacher?

Teacher's Name

Phone Email

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Is your child currently receiving special education services?

If yes, please describe

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.....
.....

Diagnostic History

Does your child have diagnosed learning disability or diagnosed ADD?

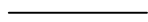
If no, please describe your child's learning style, including strengths and difficulties

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.....

If yes, what is the diagnosis?

Who gave the diagnosis? Date of diagnosis

If you have a copy of your child's 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 your child 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 educate me about your child and facilitate communication.