

SoloQuest Learning Center

Intake Information

Student Name _____

Birthday _____ Age _____ Grade _____

Parents' Names _____

Street Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

(Cellular) _____ e-mail _____

Siblings' Name and ages _____

School _____ Phone _____

District _____ Teacher/s _____

Has your child been receiving special education services at school? _____

When? _____ What program(s)? _____

Has your child been retained? _____ Grade _____ Age _____

Reason _____

Is your child currently on any medication? _____

Reason _____

Doctor _____ Medication _____

What are your major concerns? Please be specific _____

When did you first notice this difficulty and who brought it to your attention? _____

Are there any recurring learning challenges you have noticed over the years? _____

How does your child feel about his/her success as a student? _____

Are there difficulties completing homework? _____ Please describe: _____

Is there a history of learning challenges or school difficulties in your family? Please be specific _____

Is there anything else you feel we should know to help in the evaluation of your child?

What are your goals for your child? _____

How did you hear about us? _____

Parent/Guardian Signature

Relationship to child

Date