



Client Intake Form

Date ____ / ____ / ____

Name (student) _____ Date of Birth _____ Female Male

Home Street Address _____

City _____ State _____ Zip _____

Home Phone _____ May leave a message at this number? (Yes/No)

Work/Cell _____ May we leave a message at this number? (Yes/No)

E-mail _____

Parent(s)/Guardian(s) (if student is under 18): _____

Email Address: _____

All data is used anonymously for reporting to funders and program planning. The more information you can provide the better LDA is able to meet your programming needs.

Do you identify yourself as: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> European American (White) <input type="checkbox"/> Latino/Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____	_____ Number of people in household? _____ Number of parents in household? Household receives <input type="checkbox"/> MFIP (AFDC) <input type="checkbox"/> SSI <input type="checkbox"/> Reduced lunch at school	Household gross annual income <input type="checkbox"/> Under \$16,999 <input type="checkbox"/> \$33,000 - \$36,999 <input type="checkbox"/> \$17,000 - \$20,999 <input type="checkbox"/> \$37,000 - \$40,999 <input type="checkbox"/> \$21,000 - \$24,999 <input type="checkbox"/> \$41,000 - \$44,999 <input type="checkbox"/> \$25,000 - \$28,999 <input type="checkbox"/> \$45,000 - \$48,999 <input type="checkbox"/> \$29,000 - \$32,999 <input type="checkbox"/> \$49,000+
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What is the purpose for Assessment?

Who would receive the bill for service? (Please circle)

Self Parent School Other _____

_____ To document a Learning Disability

Billing Name _____

_____ Diagnostic Assessment to rule out ADHD

Address _____

_____ Testing for GED Accommodations

_____ To document a specific type of Dyslexia

Phone _____

How did you hear about LDA of Minnesota? (Please check)

Friend Teacher Counselor Yellow Pages Website Other _____

Name: _____ Agency: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

LEARNING DISABILITIES ASSOCIATION

LDA Minnesota • 6100 Golden Valley Road, Golden Valley, MN 55422 • Tel. (952) 922-8374 • Fax (952) 922-8102 • www.ldaminnesota.org

A: MEDICAL INFORMATION

VISION

Circle One Please Describe (attach additional sheets as necessary)

- 1. Wear glasses Y N _____
- 2. Eye strain Y N _____
- 3. Date of last eye exam? _____

HEARING

Circle One Please Describe

- 1. Hearing problems Y N _____
- 2. Ear infections Y N _____
- 3. Date of last hearing exam? _____

Circle One If yes, please describe (attach additional sheets as necessary):

Head injuries (Include dates, and information such as whether or not a concussion was diagnosed or changes in functioning after the head injury) Y N _____

Loss of consciousness (Include dates, if any change in functioning was noted after loss of consciousness). Y N _____

Significant mental conditions or recent psychological testing? (A copy of ANY psychological evaluation will be needed, please bring a copy with you, or please bring the contact information for the treating professional so we may request records). Y N _____

Hospitalizations? (Include dates, length of stay, reason for stay, which hospital, diagnoses received, and any discharge medications). Y N _____

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Substance abuse/chemical dependency history? (Include dates and location(s) of treatment(s). Y N _____

Counseling/Therapy? (Include dates, names of treating providers, diagnosis being treated for. Also bring contact information for each treating provider so that we may request records). Y N _____

Were there any complications during pregnancy or delivery? If so, what were they, what was the impact? Are there any ongoing problems related to the complications? Y N _____

Did the individual meet developmental milestones at expected ages? (etc., suckle, lift head, sit up, crawl, talk, walk, toilet train). Y N _____

Current Medications: Please list all current medications

Medication	Dosage	Frequency	Reason for medication	Start date

OTHER:

Are there any other health issues that LDA should know about? Please tell us about them.

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B: FAMILY HISTORY

How many children in the family AND what is the individual's birth order? _____

Are the individual's biological/adoptive
parents still married? Y N

Mother HS grad/GED? Y N

Mother college grad? Y N

Father HS grad/GED? Y N

Father college grad? Y N

Family members diagnosed with a
learning disability? Y N _____

Is the individual adopted? Y N _____

Family members diagnosed with
attention problems or disabilities? Y N _____

Family members diagnosed with any
medical conditions? Y N _____

Family members diagnosed with
substance abuse/addiction? Y N _____

Family members diagnosed with mental
health problems or conditions? Y N _____

Is there any history/current physical,
sexual or emotional abuse? Y N _____

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6. Individual Education Plan (IEP) Y N _____

7. Tutoring/Remedial Services Y N _____

8. Held back a grade? Y N _____

9. Mental Health Y N _____
 Evaluation/Diagnostic _____
 Assessment/Psychological _____
 Evaluation? _____
10. Individual therapy, Group Y N _____
 therapy, Family therapy, Couples _____
 therapy, Psychiatric Evaluation? _____

Please describe personal strong points? _____

Please describe personal weak points? _____

Describe any feelings towards work, school, or education.

Estimate the current grade level in reading (LD only): _____

Estimate the current grade level in math (LD only) _____

Please list interests and hobbies (sports, dance, music, theatre, art, animals, etc.): _____

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E: LANGUAGE HISTORY

Circle One

- | | |
|--|-----|
| 1. Is English the primary language spoken in your home? | Y N |
| 2. Is English the native language of both of your parents? | Y N |
| 3. Is English your native language? | Y N |

Please briefly explain any "N" responses you circled in Section E:

For a child applicant please skip ahead to sections G. Adult applicants please continue with sections F & H.

F: ADULT INFORMATION

Please describe:

- 1. Graduated from HS Y N _____
- 2. If No, What grade were you in when you dropped out? _____
- 4. Received GED Y N _____
- 2. GPA less than C (2.0) Y N _____
- 3. ACT/SAT scores Y N _____
- 5. Are you taking GED classes? If Yes, Where? Y N _____
- 6. Have you taken any of the GED tests? Which ones? Y N _____
- 7. College prep classes. Where? Y N _____

Are you currently enrolled in a school program? ρ Yes ρ No

If yes, where are you enrolled? _____

How long have you been attending the program? _____

What is your major? _____

Are you currently employed? ρ Part-time ρ Full-time ρ No

If yes, what do you do? _____

Have you held the job for at least six months? ρ Yes ρ No

Do you currently have plans for job training? ρ Yes ρ No

If yes, in what area? _____

G: WRITING SAMPLES (Child LD Assessment only)

If your child is in grades 1 - 3, please provide a writing sample from a school activity or assignment. If your child is in grades 4 and up, please have them write a brief story about anything that interests them or that they may enjoy doing.

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