

Initial Consultation Form

Please fill out the following questionnaire and bring to our office on the day of your initial consultation appointment. This allows us to understand the nature of the concerns you have for your child and helps us to best utilize our scheduled appointment time.

Parent Information

Name: _____

Address: _____

Email address: _____

Home Phone _____ Cell _____

Student Information

Name: _____

Age: _____ Grade Level _____ School Attending _____

Learning Disabilities: _____

Does he/she currently have IEP or 504? _____

Other information that is necessary to know about learning habits or difficulties in school: _____

Behaviors that interfere with his/her academic or social success at school? _____

School Communication

Would you like us to contact your child’s teacher to better understand your child’s needs? _____

Teachers Name/Number _____

Is there anything else you would like to share? _____
