

**The Center for Counseling, Growth and Development**  
**Jewish Family Services of Greater Orlando**  
**Child Intake Information**

Name of School: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Does your child participate in any ESE (Exceptional Student Education) programs? If yes, please specify: (gifted, learning disabilities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis (if applicable):

\_\_\_\_\_

Please list all support services child is receiving now or has received:

(speech/language, occupational therapy, educational accommodations, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications? If so, please list medication and purpose of medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions/concerns? \_\_\_\_\_ if yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check all areas of concern that affect your child's social/emotional/academic success:**

- behaving impulsively
- exhibiting anxiety
- having temper tantrums
- lacking eye contact
- exhibiting non-compliance
- separation anxiety
- adapting to new situations
- taking turns
- Interrupting conversations
- reading facial expressions
- Understanding social cues
- exhibiting bullying behavior
- target of bullying behavior
- listening
- following directions
- contributing (off topic) to conversations
- exhibiting hurtful behaviors (towards self, siblings, parents or others)
- initiating/maintaining conversations
- self-esteem problems

**Please explain areas of concern:**

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**To help us better understand your child's needs; please describe your child in the following areas:**

**Socialization:**

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**Following/understanding directions:**

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**Response to frustration:**

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**Temperament:**

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**What are your goals for your child in participating in counseling?**

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**Has your child participated in counseling before? If so, was his or her experience beneficial? What was helpful?**

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**Family history of mental illness:**

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**What are your child's strengths? Special interests or talents? Extracurricular activities?**

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Signature

Date

Please complete this form, sign and bring with you to your first appointment.