



14422 Shoreside Way Ste 110, #159
Winter Garden, FL 34787
Phone: 407 900 4772

Parent Intake Questionnaire

Today's Date: _____
Who can we thank for this referral? _____

Parent / Guardian Information

Name: _____
Email: _____
Phone: _____

Child Information

Name: _____
Date of Birth: _____
School / Grade: _____

What Brings You Here

- ADHD / Attention concerns
- Learning difficulties
- Behavioral concerns
- Emotional concerns
- Early childhood concerns
- Gifted evaluation
- School concerns (IEP / 504)
- Not sure / guidance

Primary Concerns

Behavior & Attention Rating

Behavior	Never	Sometimes	Often
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Difficulty sustaining attention			
Easily distracted			
Difficulty following directions			
Emotional sensitivity			
Trouble with peers			