Student Intake Form

(The main purpose of student intake form is for the school counselor to gain important information about the student in order to provide better help and support system. Any informations will be confidential.)

Student Name: _____ **Student ID#:** _____

Date of Birth: _____ **Age (and Grade):** _____ **Gender: M / F**

Ethnicity: White   Hispanic/Latino   Black/African American
Native American   Asian/Pacific Islander   Other: _____

Mother's Information:

Name: _____

Phone: _____   **Email Address:** _____

Father's Information:

Name: _____

Phone: _____   **Email Address:** _____

I am currently living with: _____

Home Address: _____

City: _____   **State:** _____   **Zip Code:** _____

What one word describes you best?_____

What are some of your strengths? _____

What are some of your weaknesses? _____

Please list few of your favorite things to do with your free time:

_____

_____

What concerns have brought you to counseling today?(reason for referral):

_____

_____

Referred by (circle all that apply):   -Classroom Teacher

-Principal   -Parent

-Assistant Principal-   -Student himself/herself

-Other School Staff: _____   -Other: _____

Academic Concerns?

- ❏ Yes (which subjects? _____)
- ❏ No

If "**Yes**", specify: _____
_____
_____

Please list any extracurricular club or activities you are involved in at school: _____
_____

Personal/ Social Problems?

- ❏ Yes
- ❏ No

If "**Yes**", specify: _____
_____
_____

Health/ Mental Health Concerns?

- ❏ Yes
- ❏ No

If "**Yes**", specify: _____
_____

- ● **Any health concerns in family history** (ex: allergy, asthma, diabetes, seizures, etc.)

  _____

- ● **Any mental health concerns in family history** (ex: ADHD, anxiety, bipolar, depression, learning disability, etc.)

  _____

Family/ Home Concerns? (divorce, grief, etc.)

- ❏ Yes
- ❏ No

If "**Yes**", specify: _____
_____
_____

Other Problems or Concerns?

- ❏ Yes
- ❏ No

If "**Yes**", specify: _____
_____

Please list a few school friends/ staffs you feel close to (optional):

_____

Have you seen by school counselor during school year?

❏ Yes

❏ No

If "**Yes**", specify why: _____

_____

_____