



*ZUPPARDI EDUCATIONAL THERAPY FOR ACADEMICS*

1532 Post Ave, Torrance, CA 90501

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## **Educational Therapy Student Intake Form**

### **I. Student Information**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Current Address:

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

Languages Spoken:  English  Spanish Other:

\_\_\_\_\_

Is the child adopted?  No  Yes If yes, at what age? \_\_\_\_\_

Referred by: \_\_\_\_\_

### **II. Family/Contact Information**

Parent/Guardian 1: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_



*ZUPPARDI EDUCATIONAL THERAPY FOR ACADEMICS*

**Parent/Guardian 1 (continued)**

Address: Same as above

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Email: \_\_\_\_\_

Phone: Check primary contact number

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Address: Same as above

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Email: \_\_\_\_\_

Phone: Check primary contact number

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone: Check primary contact number

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_



*ZUPPARDI EDUCATIONAL THERAPY FOR ACADEMICS*

**III. Questionnaire**

1. Please explain your reasons for seeking educational therapy at this time.

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2. Please identify any family history of learning disabilities, ADHD, etc.

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3. Does your child have any behavioral/emotional/social problems at home or school?

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4. Please list two or three of your child's strengths:

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5. Please list two or three of child's weaknesses:

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6. Please list all past neuropsychological, speech & language, etc. evaluations administered to your child:

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7. Please list all past/present interventions or remediation your child has received:

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8. Is your child currently taking medication?  No  Yes

If yes, please specify \_\_\_\_\_

9. Pediatrician/Doctor: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

10. Professionals working with your child:

Name \_\_\_\_\_

Profession \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



*ZUPPARDI EDUCATIONAL THERAPY FOR ACADEMICS*

Professionals working with your child (continued)

Name \_\_\_\_\_

Profession \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**IV. Billing Information**

Full Name: \_\_\_\_\_

Address:

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

Email: (where invoices will be sent)

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