

Student Intake Form

Parent / Guardian Name: _____

Student Name: _____

Student Grade: _____ School / District: _____

Areas of Support (check or circle all that apply):

Reading Writing Math Executive Functioning Other: _____

Please describe your child's strengths:

Please describe areas where your child struggles or needs support:

Does your child have an IEP, 504 Plan, or other school supports?

Preferred days / times for tutoring:

Anything else you would like me to know:
