

# Positive Kids Inc Tutoring Intake Form



## Student's Information

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Phone/ email: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

## Parent/ Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
What is the best way to get a hold of your family? \_\_\_\_\_

## Academic Background

I/ my child would benefit from tutoring in the following areas (check all that apply):

- | <b>MATH</b>                              | <b>SCIENCE</b>                        | <b>ENGLISH/ LA</b>               | <b>SOCIAL SCIENCE</b>                 |
|--|---------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Algebra         | <input type="checkbox"/> Biology      | <input type="checkbox"/> Grammar | <input type="checkbox"/> History      |
| <input type="checkbox"/> Pre-Algebra     | <input type="checkbox"/> AP Biology   | <input type="checkbox"/> Reading | <input type="checkbox"/> Geography    |
| <input type="checkbox"/> Elementary math | <input type="checkbox"/> Chemistry    | <input type="checkbox"/> Writing | <input type="checkbox"/> Phys-Ed      |
|  | <input type="checkbox"/> AP Chemistry |                                  | <input type="checkbox"/> Other: _____ |
|  | <input type="checkbox"/>              |                                  |                                       |

Please briefly summarize your/ your child's academic strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly summarize your/ your child's academic weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Tutoring Goals

What are your goals for tutoring? Be as general or as specific as you like and continue on the back if necessary. We will refine these goals as part of our first meeting and revisit them throughout tutoring.

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

Does your child have a diagnosis? If so, please provide details: \_\_\_\_\_

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**Are there complaints from teachers/other adults about learning behaviors?**

Is your child on medication? If so \_\_\_\_\_

At that time do you provide medication : \_\_\_\_\_

**Please select the following in order of priority (1 highest priority and 10- least priority) as it relates to your tutoring goals**

- 1. Planning \_\_\_\_\_
- 2. Organization \_\_\_\_\_
- 3. Time Management \_\_\_\_\_
- 4. Task Initiation \_\_\_\_\_
- 5. Working Memory \_\_\_\_\_
- 6. Meta-Cognition \_\_\_\_\_
- 7. Self Control \_\_\_\_\_
- 8. Attention \_\_\_\_\_
- 9. Perseverance \_\_\_\_\_
- 10. Flexibility \_\_\_\_\_

Give us the most recent example of when the item you selected caused a problem.

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Does your child require a fidget tool while learning? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an IEP at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child's school have special supports in the classroom for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

**Availability** - please circle the dates/ times you have available for tutoring

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

[ ] 3:00pm to 5:00pm                      [ ] 5:00pm to 7:00pm                      [ ] 7:00pm to 9:00pm

[ ] 9:00am to 11:00am                      [ ] 11:00am to 1:00pm                      [ ] 1:00pm to 3:00pm

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tutor Signature: \_\_\_\_\_

Date: \_\_\_\_\_