



TEACHER INTAKE

Date:

Background Information	
Child's Name:	Sex: M F DOB:
School:	Grade
Teacher's Name:	Subject Taught:
Phone:	Cell:
How long have you known this child:	

Please check "**YES**" if you have concerns about the following areas of development

Cognitive	YES	NO
Attention span for group activities	YES	NO
Attention span for individual/free play activities	YES	NO
Pretend Play	YES	NO
Pre-academic skills (e.g., colors, counting)	YES	NO
Problem Solving (e.g., puzzles, clock construction)	YES	NO
Social/Emotional		
Interactions with adults	YES	NO
Interactions with peers	YES	NO
Cooperation with classroom routines	YES	NO
Expression of feelings	YES	NO
Persistence with challenging tasks	YES	NO
Communication		
Verbal communication of wants/needs	YES	NO
Verbal communication of ideas	YES	NO
Asking/answering questions	YES	NO
Intelligibility of speech	YES	NO
Following directions	YES	NO

Are there particular settings/activities in which the child has difficulties:

Please list the child's strengths:

What interventions have you tried with this child that have been successful?

Please tell us anything else you think may be important for us to know:
