Strategic Connections™
Executive Function Skills Training

EXECUTIVE FUNCTION SKILLS **INTAKE FORM**

Student's Name: _____

Intake Date: _____ School Year: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

BACKGROUND INFORMATION:

Birth date: _____ Current Grade: _____ Current School: _____

Previous Schools Attended:

High School(s): _____

Middle School(s): _____

Elementary School(s): _____

Pre-School(s): _____

DEVELOPMENTAL INFORMATION:

Child Adopted? ☐ **YES** ☐ **NO** _____

History of Developmental Delays? ☐ **YES** ☐ **NO**

If yes, what? _____ When? _____

Diagnosis? _____

Last Evaluation Date: _____ Diagnostician: _____

Speech Services Received? ☐ **YES** ☐ **NO**

If yes, when? _____

Diagnosis? _____

Last Evaluation Date: _____ Diagnostician: _____

Provider(s): _____

Progress Made: _____

Hearing or Vision Problems? ■ **YES** ■ **NO**

If yes, when? _____

Last Evaluation Date: _____ Diagnostician: _____

Correction Device? _____

Sensory Problems? ■ **YES** ■ **NO**

If yes, what? _____ When? _____

Last Evaluation Date: _____ Diagnostician: _____

Services Received/Dates: _____

Provider(s): _____

Progress Made: _____

Learning Disabilities? ■ **YES** ■ **NO**

If yes, what? _____ When? _____

Last Evaluation Date: _____ Diagnostician: _____

Services Received/Dates: _____

Provider(s): _____

Progress Made: _____

Attention Disorders? ■ **YES** ■ **NO**

If yes, what? _____ When? _____

Last Evaluation Date: _____ Diagnostician: _____

Services Received/Dates: _____

Provider(s): _____

Progress Made: _____

Other Medical Issues? ■ **YES** ■ **NO**

If yes, what? _____

Last Evaluation Date: _____ Diagnostician: _____

Services Received/Dates: _____

Provider(s): _____

Family History of:

Learning Disabilities ■ **YES** ■ **NO** _____

Attention Disorders ■ **YES** ■ **NO** _____

Mood Disorders ■ **YES** ■ **NO** _____

Depression ■ **YES** ■ **NO** _____

Other Relevant Diagnosis: _____

Current Medications: _____

Past Medications/Reactions: _____

Prescribing Physician: _____

Current Therapists: _____

Past Therapists: _____

STUDENT ATTRIBUTES:

Hobbies: _____

Activities: _____

Interests: _____

Strengths: _____

_____

Challenges: _____

_____

Free-time choices: _____

Self-confidence level (scale 1-10) _____

Self-esteem level (scale 1-10) _____

Short-term goals: _____

_____

Long-term goals: _____

_____

FAMILY HISTORY:

Parents ☐ Married ☐ Divorced

Siblings/Names/Ages/Relationship to Student/Similar Challenges to Student? _____

_____

_____

Family Stressors: _____

Relevant family information: _____

_____

_____

Child's challenges impacting family? (scale 1-10) _____ In what ways? _____

ACADEMIC HISTORY:

Onset of Challenges: _____

Favorite Classes: _____

Least Favorite Classes: _____

Academic Strengths: _____

Academic Challenges: _____

Homework Challenges: _____

Homework Routine: ☐ Needed _____

Study Routine: ☐ Needed _____

Time Management Strengths/Challenges: ☐ Needed _____

Test-Taking Strengths/Challenges: ☐ Needed _____

Teachers' perceptions of student:

CURRENT: _____

Elementary: _____

Middle School: _____

High School: _____

First word that comes to mind when I say:

School: _____

Reading: _____

Writing: _____

Math: _____

Science: _____

Social Studies: _____

INTERVENTION:

Main concern/complaint: _____

_____

Systems/Routines at home in place? ☐ **YES** ☐ **NO** ☐ Needed If yes, what do they look like? _____

_____

_____

Have they been successful? _____

Reward systems attempted? ☐ **YES** ☐ **NO** ☐ Needed Child's response to reward systems: _____

_____

Rewards that work for the child: (list) _____

_____

Home organizational practices? ☐ **YES** ☐ **NO** ☐ Needed What are they? _____

_____

Have they been successful? _____

Parental expectations: _____

_____

Academic Interventions Attempted? Who? Dates? Outcome? _____

_____