**Touchstone Learning Intake Form**

Pl*ease complete this form and email it to* info@touchstonelearning.org

**Date:**

**Student’s Name: Birthdate:**

**Form Completed by:**

1. *Please describe your child’s school experience so far. public, private, home-school or combination.*

*2. Please describe your child's experience with reading, spelling and writing. You might include how it was for them to the learn the alphabet, how old they were when they could begin to read words on their own, if they dislike reading and/or writing, their comfort level with different kinds of reading etc.*

*3. Please describe your child’s interaction with siblings & peers; and also with adults.*

*4. Is there a family history of learning challenges? (parents, aunts, uncles, siblings)*.

1. *What ways do you feel your child learns best? (on a scale of 1-4, 4 = best)*

A.  *Hearing things explained      \_\_\_\_*

*B.    Seeing things demonstrated     \_\_\_\_*

*C.    Experimenting on his/her own      \_\_\_\_*

*D.    Reading on her/his own. \_\_\_\_*

*6. How easy is it for you child to remain focussed & stay on task (scale of 1-4, 4 = easy)*

*A.    On academic tasks that do not include reading or writing      \_\_\_\_*

*B.    On academic tasks that include reading or writing    \_\_\_\_*

*C.    On personal activities like art, crafts, Legos, etc. \_\_\_\_*

*D.    While working independently \_\_\_\_*

*7. Has your child ever been referred for any psycho-educational testing? If so, have any tests or learning/processing assessments been administered? When and where were the tests administered?*

*8. Was your child diagnosed with dyslexia? If so, what is the severity of your child’s dyslexia?*

*9. Was your child diagnosed with any other learning differences or challenges?*

*10. What kinds of remediation has your child received up to this point? (including frequency and duration)*

*11. What current accommodations does your child receive to allow her/him to keep up in school?*

*12. Are there any other learning or behavioral challenges you think a teacher should be aware of? (math, memory, anxiety, low self-esteem, attention regulation, impulsivity, etc.)*

*13. At what kinds of activities and/or academic areas does your child excel?*

*14. Is there anything else you would like to tell us about your child?*