

Interview-Background Information Form (Adults/College Students)

Contact Information



Name of student: _____
(Last) (First) (Middle)

Date of birth: ___/___/___ Age: ___ Gender: () male () female

Race/Ethnicity: _____

Telephone: _____ Email: _____

Address: _____ City: _____ Zip: _____

College/University: _____ City: _____ County: _____

Name of Parent/legal guardian (if under 21 years of age) : _____

Appointment date: _____ Appointment time: _____

Reason for appointment/referral



() Reading problems () Writing problems () Math problems () Poor academic performance in all subjects
() Attention/concentration or ADD () Hyperactivity/Impulsivity () Test anxiety/test taking skills
() Requesting extra time for standardized testing or college entrance exams. () reasonable accommodation for Learning disability () Other: _____
Describe student's concerns : _____

If applicable, name of person /agency making referral: _____
Position/title: () Social worker / guidance counselor () teacher/professor () medical doctor () Neurologist
() Speech therapist/pathologist () Other: _____

Civil status and living arrangement



Civil status: () single () married () separated () divorced () domestic partner

Children? () Yes () No. How many/ages/ gender: _____

Current living arrangement: () living with parents () living on campus () living alone
() Living with relative () living with spouse/domestic partner () Other _____

Interview-Background Information Form (Adults/College Students)

Employment



Current occupation/position (if applicable): _____ () Full time () Part time
Current employer: _____ Time at current employment: _____
Last place of employment/position: _____ Dates: _____

Education background



Highest level of education completed: () 12th grade () H.S Diploma () GED
What type of degree/certification program are you aspiring to obtain? () Professional certificate
() Associate's degree () Bachelor's degree () Graduate () Other: _____
Program/Major: _____ Minor: _____
Current grade/year level: () Freshman () sophomore () Junior () Senior () Graduate school, year _____
Current academic performance () Excellent () good () satisfactory/Fair () poor () close to failing
() failed the following subjects/courses: _____
Currently struggling/need improvement in the following subjects or skills: _____

Elementary/Middle School/High School

() Was registered in Special Education. What grade? _____
() Had an IEP. () 504 Plan. Reason for IEP/504 Plan _____
() Participates or has participated in a vocational rehabilitation program. Which one? _____
Received or receives the following services: () Occupational therapy () Speech therapy () ELP () Social skills
() Is gifted/showed advanced abilities in : _____
() Struggled with these subjects/skills : _____

Family Background



Parents highest education level: (mother) _____ (father) _____
How many siblings? _____ Ages and gender: _____
Has anyone in your family been diagnosed with a learning disability? () yes () no
Describe: _____
Does anyone in your family suffer from alcoholism/drug addiction or other mental illness? () yes () no
Describe: _____



Language

Languages spoken by student: _____

English proficiency:

Spoken: () fluent () fair () poor

Read: () fluent () fair () poor

Write: () fluent () fair () poor



General Health

Describe student's overall health: () No serious illnesses, healthy. () Diagnosed with the following illnesses/allergies/disorders/disabilities: _____

List medications taken on a regular basis: _____

List surgeries, hospital stays or procedures (include dates or age): _____

Name of family doctor: _____ Phone number: _____



Social-Emotional

Student's current emotional state: () generally well adjusted () struggling with:
() low self-esteem () persistent sadness/depression () chronic anxiety () panic attacks
() anger/rage () mood swings () coping with a traumatic experience or mayor loss (divorce, death or loss of a loved one, post-partum depression, natural disaster, moving/relocation, abuse, other...) Please describe:



Previous Diagnosis

Student has been previously diagnosed with the following intellectual/learning or mental conditions: _____

Name of person(s) who made diagnosis and credentials: _____

Date(s) of diagnosis: _____

Any other relevant information you'd like to comment about: _____

Office use



Clinician Observations

Handedness: () Right () Left () Ambidextrous () Unsure

Corrective lenses? () no () yes visual acuity: ___/20 left ___/20 right

Other sensory aids: _____

Physical appearance: () Appeared in good physical health () Was visibly sick/appeared to be struggling with physical illness () Sluggish/fatigued () Seemed to put forth best effort () Comfortable with testing process () Seemed anxious/concerned

Observations/notes:

IMPORTANT: PLEASE READ AND SIGN

Privileged Communication and Limits of Confidentiality

Confidentiality is an ethical standard set forth by a profession, whereas *privileged communication* is granted by law. It is important that parents and legal guardians understand that the law supersedes ethics in three mental health situations for minors:

- 1- Reports of being abused
- 2- Reports of harm to self
- 3- Reports of a plan to do harm to another person.

There are other exceptions to confidentiality and privileged communication. If mental health professionals are ordered by a court to release counseling records, they can state their objections, but they will be required to forfeit these records or they may be found in contempt of court.

() I understand and agree to these terms.

(Parent or legal guardian's signature)

(Today's date)

Payment Agreement

I _____ hereby acknowledge and agree that I am fully responsible for the established fee of **\$695.00** for rendered services, which is due in full on the day of testing. Personal checks, cash and money orders are accepted. Credit cards used through PayPal have a 2.9% service fee and request will be sent before end of testing session.

Signature of responsible party or agency: _____