

Mary Gwaltney, Ph.D. Licensed Educational Psychologist

The Center for Educational and Social Success
Phone (916) 972-9400 Fax (916) 972-9500

Counseling Intake Form

Your name:	
Child's name:	
Child's age and grade:	
School and District:	
Your phone number for me to reach you regarding this request:	
What is the nature of your concern about your child?	
In what situation or environment does this occur?	
What makes it worse?	
What makes it better?	
What does your child say about this issue?	
What has your child tried to do about this issue?	
Is there a history of this concern for this child?	
Have you had any assessment completed regarding this issue? If so, describe.	
Does your child see anyone currently regarding this or a similar issue? If so, describe.	
Does your child take any psychosocial medications? If so, please list and indicate the purpose for each.	
What is it that you would like to have happen for your child through counseling?	
What is your personal experience with counseling?	
Other information that you think I would need to know:	