



## Blue Marble Learning Center

### Initial Consultation

Please fill out this form as best as you can for the initial consultation. Use the backs of the pages for extended answers. All information will be regarded as confidential.

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Primary/Secondary Language: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

## SCHOOL HISTORY

Present School:\_\_\_\_\_ Grade:\_\_\_\_\_

Previous Schools attended and years of attendance:

Describe your child's strengths and areas of passion.

Describe your child's outdoor activities and other active pursuits.

Describe your child's challenges.

How does your child feel about school? What are his/her favorite and/or least favorite things about school?

How does your child relate to peers?

How does your child deal with transitions to new situations such as embarking on a new school year or trying a new and unfamiliar activity?

Does your child have any organizational difficulties?

Please list any previous testing or evaluations done either by school districts, psychologists, speech pathologists, educational therapists, etc. (please include copies if possible).

Has your child been homeschooled, repeated or skipped a grade?

Do you have other concerns about your child's school life and academic performance that have not been shared above?

What are your hopes for your child? How would you like us to support you and your child?