

SKILL: PARENT/GUARDIAN INTAKE

Name(s):

Phone:

Email:

Academics

Tell us about school. What was your child's experience?

Has your child used accommodations in the past? If so, which ones, what worked and what didn't?

Has your child had additional support in the past such as tutoring or academic coaching?

Health

What is your child's disability? (Please also list any co-morbid conditions)

When was he/she diagnosed?

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How does it impact your child's learning/studying?

How does it impact your child's daily functioning?

Does your child take medication for his/her disability or another related health condition? If so, what kind and how often?

Does your child have regular access to health care? (Such as regular medication evaluations, counseling etc.)

Coaching

What are your expectations of academic coaching?

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Do you think your child needs or can benefit from academic coaching?

What goal(s) do you want your child to achieve?

How do you define academic success?

What expectations do you have about parental involvement in college/coaching?

Learning

What are your child's academic strengths? Weaknesses?

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What are your child's current study habits?

If applicable, what concerns do you have about your child's transition to college?

Assistive Technology

Has your child used assistive technology in the past? If so, what kind and what was his/her experience.

Are you interested in learning more about assistive technology and how it may help your child?

About Your Child

Tell us a little bit about your child. What are their personal strengths and weaknesses? Is there anything else you think we should know?