

Sample Intake Questionnaire

General Information

Your Name: _____ Date: _____

Age: _____ Date of Birth: _____

Home Address (Street, City, State, Zip): _____

Phone: _____ Email: _____

Family Contact Information

Name: _____

Age: _____ Date of Birth: _____

Home Address (Street, City, State, Zip): _____

Phone: _____ Email: _____

Do we have your permission to contact your parents? Y N
(If yes, sign release form)

Did anyone help complete this form? Y N Who? _____

Educational Background

Where did you go to High school? _____ City: _____ State: _____

Year Graduated: _____ Diploma or GED? _____

ACT or SAT Scores: _____ Verbal: _____ Quantitative: _____ Writing: _____

Advanced Placement courses and test scores:

Were you in Special Education? Y N IEP or 504 Plan

If yes, describe services and accommodations received: _____

Guidance Counselor or Case Manager Name: _____ Email: _____

Do we have permission to speak with this individual? Y N
(If yes, sign release form)

Other colleges you attended:

College or program (name and address): _____

Dates attended: _____
Degrees or certificates received: _____

College or program (name and address): _____
Dates attended: _____
Degrees or certificates received: _____

College or program (name and address): _____
Dates attended: _____
Degrees or certificates received: _____

Current School Information

College or university attending:

City: _____ State: _____ Degree Program: _____

Student ID number: _____

Current Major: _____

Year *circle*: High School or college Freshman Sophomore Junior Senior Graduate

Academic Standing *circle*: Good Academic Warning Probation Suspension

Academic Advisor's name: _____ Phone: _____

Academic Advisor's Email: _____

*Do we have permission to speak with this individual? Y N
(If yes, sign release form)*

Campus Life Information

On-Campus Residents

Do you live on campus now? Y N

Name of residence hall or housing:

Do you have roommates? Y N How many?

What type of room? *Circle* Single room Suite

How are you getting along with your roommate(s)?

Off-Campus Residents

Do you live with your family at home?

Off campus apartment? Y N Shared or alone?

Other living situation (please specify):

Living Style

Please tell us about your lifestyle and habits (privacy needs, personal space needs, neatness, etc.):

Are you having any difficulties with your living arrangements? Y N

If yes, please share what difficulties: _____

Dining

Are you on a meal plan? Y N Which plan? _____ |

Do you know where the dining halls are for your residence? Y N

Please tell us about your food preferences or needs: _____

Do you follow any specific diet? Y N Please specify: _____

Do you have strong food likes and dislikes? _____

Student Activities

Are you a member of any groups or organizations on campus? Y N

If yes, what are you a part of? _____

What is your role in these groups? _____

Would you like help in locating groups and activities? Y N

Tutoring

Do you have tutors for your academic subjects? Y N

If so, which subjects and from where? _____

Do you need help locating tutors? _____

Do you use academic support centers on campus?

If yes, what centers?

Would you like help in locating support center services on campus? Y N

Judicial or Disciplinary Actions

Are you involved in any judicial actions now or in the past? _____

Are you aware of any situations that make you uncomfortable such as bullying or drug use that you like to discuss with someone? _____

Personal Care

Have you located the laundry rooms? Y N

Do you know how to use the machines? Y N

Are you comfortable with the restroom facilities in your residence? Y N

Do you know important phone numbers?

Doctor:

Family:

Friend:

Other:

Transportation

How do you plan to get to and around campus? _____

To class? _____

To grocery shop and other shopping? _____

Do you get lost easily? Y N

In what ways might you need help? _____

Do you use a Map App? Y N What app? _____

Walk

Do you know the route between your residence and the academic buildings? Y N

Are you comfortable walking at night? _____

Bicycle

Do you know where the bike racks are on campus or in your residence hall? Y N

Do you have a chain and lock? Y N

Car

Do you have a car with you on campus? _____

Do you have a driver's license?

Do you plan on utilizing a carpool?

Public Transportation

Are you familiar with the local public transportation system? Y N

Will you use local bussing? Y N

Do you plan on taking the train?

Will you be using the campus shuttle?

Health and Disability Information

Please provide information about your main disability and how it impacts you: _____

When were you diagnosed? _____

Date of your most recent assessments / evaluations? _____

Who completed this assessment (please attach reports): _____

How are you impacted by your disability:

At home? _____

At work? _____

At school? _____

With friends? _____

Do you have any other health issues or medical conditions? Y N

Please share any information how these other health conditions might affect you: _____

Do you see a medical doctor or other health professionals for any conditions? Y N

Have you been treated for any mental health conditions such as anxiety or depression? If yes, please provide details: _____

Physician's/ Therapist name: _____ Phone: _____

Physician's/ Therapist Email: _____

*Do we have permission to speak with this individual? Y N
(If yes, sign release form)*

Do you take medications for any of your health conditions? Y N

Please list medications taken:

_____	_____
_____	_____
_____	_____

Are prescriptions up to date? Y N