



The Hallen School
Intake Form

General Information

Child's Name _____

Date of Birth _____

School Presently Attending _____

School Contact and Telephone _____

Please indicate which additional services your child receives (Example: OT 2hrs/wk)

Speech/Language _____

Occupational Therapy _____

Counseling _____

Child's Mother/Guardian

Name: _____

Address: _____

Occupation: _____

Employed By: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Best Phone to reach you: _____

Child's Father/Guardian

Name: _____

Address: _____

Occupation: _____

Employed By: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Best phone to reach you: _____

Names of siblings/other children in household:

Name: _____ Birth Date: _____ School: _____

Name: _____ Birth Date: _____ School: _____

Name: _____ Birth Date: _____ School: _____

Name of other adults in household and relationship to child (including caregivers)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Referral and Professional Information

Who referred you to The Hallen School?

Name: _____

Address: _____

Telephone: _____

Relationship to your child: _____

Please list any professionals with whom you consult, or who your child sees on a regular basis. By providing this information, you are giving your consent for the School to contact these individuals.

Name: _____ Telephone: _____ Area of Specialty: _____	Name: _____ Telephone: _____ Area of Specialty: _____
Name: _____ Telephone: _____ Area of Specialty: _____	Name: _____ Telephone: _____ Area of Specialty: _____

School History

Please list all schools your child has attended and dates attended?

Developmental History

Please describe your child's issues that have led you to seek a special education placement.

At what age did your child's difficulties become apparent?

What prompted you to seek advice and/or assistance for your child?

Where did you go for advice?

What are your expectations in the coming year if your child is accepted at The Hallen School?

Medical History

Please list any operations, accidents, or illnesses that your child has had:

Does your child have any chronic illnesses (e.g., asthma, allergies)?

Does your child have a history of frequent colds, earaches, or ear infections?

Is your child on medication? If yes, please specify:

Has your child been given a diagnosis? If so, what diagnosis was given, by whom and when?

Questions about your Child:

What are your child's favorite activities?

What are your child's strengths?

What kinds of activities or situations does your child find difficult?

What makes your child angry or upset?

How does he/she show his/her feelings?

How do you set limits for your child?

How does he/she respond?

What languages are spoken at home?

What is your child's primary language?

Parent/Guardian Signature

Date

Note: Please submit Intake Form to:

Admissions

The Hallen School

97 Centre Avenue

New Rochelle, NY 10801

The Hallen School admits students of any race to all rights, privileges, programs and activities generally accorded or made available to its students and does not discriminate on the basis of race in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic or other school administered policies.