

**Albany Math Center**  
800 San Pablo Ave  
Albany, CA 94706  
(510) 919-0843  
*albanymathcenter@gmail.com*

**Parent Intake Form**

Please fill out this form as accurately and completely as possible. Answers to the following questions will help us plan more effectively in working with your child.

Date: \_\_\_\_\_ How did you find us?: \_\_\_\_\_

**Child**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Main Home Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
Telephone: \_\_\_\_\_ School: \_\_\_\_\_  
Email: \_\_\_\_\_ Math Teacher: \_\_\_\_\_

**Parents/Guardian** Marital Status: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Preferred method of contact: Phone      Email      Text Message  
(Please circle all that apply)

Describe your major concerns regarding your child (be specific):

**Other Family Members**

Siblings: (names, gender/sex and birth order)

Other extended family members important in child's life:

Child care person/babysitter information:

**Home Language**

What is the primary language spoken by child?

What is the primary language spoken at home?

Is more than one language spoken at home? If so, please list them and let us know anything else relevant about your child's exposure to languages.

**Family Medical History**

Are you aware if any other family members have learning disabilities, ADHD, ADD, or other learning problems? Please explain.

**Child's Medical History**

Does your child have learning disabilities, ADHD, ADD, or other learning problems? Please explain.

Does your child wear glasses or hearing aids? Have any health-related diagnosis? Allergies?

Professional Support

Please list professionals (doctors, learning specialists, counselors, etc.) who have provided support for the student.

| Date(s) | Name | Type of Service | Location of Service | Contact Info<br>(phone or email) |
|---------|------|-----------------|---------------------|----------------------------------|
|         |      |                 |                     |                                  |
|         |      |                 |                     |                                  |
|         |      |                 |                     |                                  |

**Homework**

Where does your child do his/her homework?

Does your child ask for help with homework? If you help him/her with homework, what observations have you made?

How long does it usually take to do homework?

**Child's Spare Time**

What kind of outdoor activities does your child participate in/enjoy when not in the classroom?

What kind of indoor activities does your child participate in/enjoy when not in classroom?

How many hours per day does your child spend watching television and/or playing video/computer games?

**Strengths and Weaknesses:**

What do you consider your child's greatest strengths (interests, talents, character qualities, affinities)?

What do you consider your child's greatest challenges (including academic, social, and physical)?

What are your thoughts about what might be causing the math/academic struggles?

What have you tried in the past to help your child? Why do you think these strategies helped or did not help?

What other information do think is important to for us to know about your child?

What are your goals in our working together?

\_\_\_\_\_  
(Print)Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation to Child

***Thank you for taking the time to fill out this form.***