

INTAKE FORM

Before completing this form, carefully read the description of services.

Step I. Please complete the following registration information.

1. Student's Name _____ Last First M.I.	2. Birth date ___/___/___		
3. Address _____ Street City State Zip	4. Home Phone _____		
5. Grade _____	6. Age _____	7. Gender _____	9. Talent Search participant? _____
10. Mother's Name _____	11. Daytime Phone _____		
12. Father's Name _____	13. Daytime Phone _____		
14. E-mail address _____			
15. How did you hear about the DCC? _____ Today's Date: ___/___/___			

Step II. Which service(s) are you interested in? (See Description of Services for information.)

<input type="checkbox"/> <i>Academic and Career Guidance</i>	<input type="checkbox"/> <i>Ability and Achievement Testing</i>
<input type="checkbox"/> <i>Psycho-educational Evaluation</i>	<input type="checkbox"/> <i>Educational Consultation</i>
<input type="checkbox"/> <i>I am not sure which service is most appropriate for me. Please call me.</i>	

Step III. Please answer the background questions on the remainder of this form.

Step IV. Please return this form and any additional background information to:

CTY Diagnostic and Counseling Center
The Johns Hopkins University
McAuley Hall
5801 Smith Ave., Suite 400
Baltimore, MD 21209
(410) 735-6238

Step V. Please return a \$25 nonrefundable intake fee and the enclosed fee form to:

M & T Bank, 8th Floor
Lockbox #64459
1800 Washington Blvd.
Baltimore, MD 21230

We will contact you within approximately two weeks to schedule an appointment or discuss your request for services.

1. Please summarize your reason for seeking services from the DCC. What questions do you hope to have answered?

2. Describe your child's current school situation and any modifications that have been made to accommodate his/her academic needs. Do you feel his/her needs are being met?

4. Has your child ever shown signs of (If yes, please describe and indicate when):

- attention problems?

- hyperactivity?

- significant behavior problems?

- anxiety or depression?

5. **Please attach copies of any previous testing results.** Include results of standardized tests taken in school, tests taken previously through CTY, or any tests administered by a psychologist/diagnostician. If copies of reports are unavailable, please list the tests and briefly summarize the results.

6. Are there any special situations in the family or any recent events that you believe might be important to discuss (e.g., divorce, death or illness in the family, etc.)?

**Please add additional pages if there is other information that you feel we should know.
We also invite you to attach a photograph of your child.**

DCC INTAKE FEE FORM

1. Student's Name	_____	_____	_____
	Last	First	M.I.
2. Mother's Name	_____	_____	_____
	Last	First	M.I.
3. Father's Name	_____	_____	_____
	Last	First	M.I.
4. Address	_____		
	Address		
	_____	_____	_____
	City	State	Zip
5. Home Phone	_____	6. Daytime Phone	_____
7. Email	_____	8. Amount enclosed	_____