

INTAKE FORM

Before completing this form, carefully read the Description of Services.

Step I. Registration Information.

Name _____				
_____	_____	_____	_____	_____
Last	First	M.I.	Nickname	
Address _____				
_____			_____	
Street			City	
_____ Birth date ____/____/____ Age _____ Gender _____				
_____		_____		
State		Zip		
Home Phone _____			Daytime Phone _____	
E-mail address _____ Please contact me by: ____ Email ____ Phone				
How did you hear about the DCC? _____ Today's Date: ____/____/____				

Step II. Which services are you interested in?

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

Step III. Please return the background questionnaire (pages 2 – 9 of this form) to:

*CTY Diagnostic and Counseling Center
The Johns Hopkins University
McAuley Hall
5801 Smith Ave., Suite 400
Baltimore, MD 21209
(Or fax to: 410-735-6200)*

Step V. Please return a \$35 nonrefundable intake fee and the first page of this form to:

*Johns Hopkins University
Center for Talented Youth
PO Box 64459
Baltimore, MD 21264*

We will contact you within approximately two weeks after we have had the opportunity to carefully review this information.

CURRENT SITUATION

Describe your current job or school situation. Include your major responsibilities and indicate which of these responsibilities you feel you are easily able to complete and which are causing you difficulty.

Areas where you are having no difficulty:

Areas where you are having some difficulty:

Which areas of school/your job are causing you the **most** difficulty?

EDUCATION

Pre-college Education

Name of School

Elementary School

Middle School

High School

Adjustment

Achievement/Grades

Elementary School

Middle School

High School

Were you ever identified as gifted/talented in elementary, middle, or high school? If so, please explain how you were identified, by whom, and what (if any) accommodations or adjustments were made to your school program as a result of this identification.

Were you ever identified as having a learning disability in elementary, middle, or high school? If so, please explain how the learning disability was identified, by whom, and what (if any) accommodations or adjustments were made to your school program, or special services you received, as a result.

(Please send copies of any school records or reports that you think may be relevant.)

College/University Education

Name

Major/Concentration

Degree

Undergraduate

Post-graduate

What are/were your grades like as a college student?

Did you receive any honors or have any special achievements while you were an undergraduate or graduate student?

Did you have any particular problems as a college student?

Is there anything else you think we should know about your education and days as a student?

CURRENT ABILITIES

Memory

Do you feel that you have an exceptional, average, or poor memory?

Has your ability to remember things changed? Please explain.

Please comment on your ability in the following areas:

Organizational skills.

Ability to focus and sustain attention.

Perfectionistic tendencies, if any.

Relationship with peers and colleagues.

Please comment on your abilities in the following academic areas:

Reading Comprehension

Writing

Math Skills

Creative and Artistic Talent

What do you think are your academic strengths and weaknesses?

PERSONALITY/TEMPERAMENT

Describe yourself as a person.

How would you describe your temperament?

What do you think are your personal strengths and weaknesses?

HEALTH HISTORY

Present Health

How is your present health?

Are you on any kind of medication? If so, what?

Do you have a known hearing loss or vision problems? If yes, please describe.

Do you have a history of anxiety or depression? If yes, please indicate when.

Early Health

Did you have any health problems as a child? Please describe.

Did you have any unusual accidents or trauma as a child? Please describe.

FAMILY BACKGROUND

Was your mother, father, or any of your siblings ever identified as gifted/talented? Any evidence of intellectual giftedness or special talent in your family? If so, please describe.

Is there any history of learning difficulties in your family (parents, siblings, grandparents, cousins, aunts, uncles)? If so, please describe.

Are there any special situations in your life or recent events that you believe might be important for us to discuss? (For example, divorce or separation, death in family, etc.)