Hill Education Services

New Student Intake Questionnaire

A service of Hill Therapy Services LLC · Susan Hill, M.A., M.S., M.Ed., LBS

This helps Susan understand your learner before the first session. Share what you're comfortable with — every answer is optional and confidential.

STUDENT

STUDENT'S FULL NAME

DATE OF BIRTH

GRADE

SCHOOL

PRONOUNS / WHAT THEY LIKE TO BE CALLED

SCHOOL & SUPPORTS

- ☐ Has an **IEP**
- ☐ Has a **504 plan**
- ☐ Has had a school or private **evaluation** (psychoeducational, speech, OT, etc.)
- ☐ Currently receives support services (learning support, reading support, therapy, tutoring)

BRIEFLY DESCRIBE CURRENT SUPPORTS, DIAGNOSES, OR ELIGIBILITY CATEGORIES YOU'D LIKE TO SHARE

READING & ACADEMICS

WHAT DOES READING LOOK LIKE AT HOME RIGHT NOW? (WILLINGNESS, FAVORITE BOOKS, STRUGGLES)

WHAT'S HARDEST AT SCHOOL RIGHT NOW?

WHAT HAS BEEN TRIED SO FAR, AND HOW DID IT GO?

STRENGTHS & INTERESTS

WHAT IS YOUR LEARNER GREAT AT? WHAT DO THEY LOVE? (INTERESTS POWER THE BEST SESSIONS)

GOALS

IF OUR WORK TOGETHER SUCCEEDS, WHAT WILL BE DIFFERENT IN 6 MONTHS?

ANYTHING ELSE SUSAN SHOULD KNOW?

LOGISTICS

PREFERRED FORMAT (IN PERSON / VIRTUAL / EITHER)

GENERAL AVAILABILITY (DAYS/TIMES)

HOW DID YOU HEAR ABOUT HILL EDUCATION SERVICES?