

INTAKE FORM

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

Step I. Please complete the following registration information.

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

Step II. Which service(s) are you interested in?

<input type="checkbox"/> <i>Testing/Assessment (psycho-educational evaluations, ability/achievement assessment)</i>
<input type="checkbox"/> <i>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 answer the background questions on the remainder of this form, then 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 IV. Please return a \$35 nonrefundable intake fee and the enclosed fee form to:

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

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

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

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?

Please comment on your child's:

- Academic strengths:

- Academic weaknesses:

- Health. Any health problems? Is he/she on any medication?

- Relationship with peers and social maturity:

- Relationship with parents and siblings:

- Perfectionistic tendencies, if any:

- Frustration level:

- Organizational skills:

- Ability to focus and sustain attention:

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

- attention problems?
- hyperactivity?
- significant behavior problems?
- anxiety or depression?

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 or other diagnostician. If copies of reports are unavailable, please list the tests and briefly summarize the results.

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

Student's Name	_____	_____	_____
	Last	First	M.I.
Mother's Name	_____	_____	_____
	Last	First	M.I.
Father's Name	_____	_____	_____
	Last	First	M.I.
Address	_____		
	Address		

	City	State	Zip
Home Phone	_____	Daytime Phone	_____
Email	_____	Amount enclosed	_____