



# Behavioral Health and Education Specialists

24402 West Lockport Street  
Suite 218, Plainfield, Illinois 60544  
(815) 609-1544 (815) 609-1670 (Fax)  
Website: [www.bhes.us](http://www.bhes.us)

1448 North Milwaukee Avenue  
Suite 201, Chicago, Illinois 60622  
(773) 486-4617 (773) 486-4936 (Fax)  
E-Mail: [info@bhes.us](mailto:info@bhes.us)

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## Initial Consultation Form

Today's Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

### CONTACT INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F

School: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### ACADEMIC INFORMATION

What areas/subjects does your child excel at? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What academic/subject areas does your child need assistance with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Does your child need assistance with completing homework, developing skills, or both?

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How would you describe your child's optimum learning style (i.e. visual learner, auditory learner, etc.)? \_\_\_\_\_

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Has your child ever been retained? Yes or No

If Yes, please explain. \_\_\_\_\_

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How does your child perform on standardized tests? \_\_\_\_\_

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Has your child ever been referred for Special Education services? Yes or No

If Yes, please explain. \_\_\_\_\_

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Does your child currently receive Special Education services? Yes or No

If Yes, how many minutes of services per week? \_\_\_\_\_



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Has your child ever had a diagnosis of:

- |   |     |    |
|---|-----|----|
| A.) Developmental Delay                   | Yes | No |
| B.) Learning Disability                   | Yes | No |
| C.) Attention Deficit Disorder            | Yes | No |
| D.) Speech and Language Disorder          | Yes | No |
| E.) Behavior or Social/Emotional Disorder | Yes | No |
| F.) Autism                                | Yes | No |
| G.) Asperger Syndrome                     | Yes | No |

Does your child have any other condition that affects his/her ability to learn in the classroom? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child currently taking medication that impacts his/her academic performance?

Yes or No

If Yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your family's optimum goal for receiving tutoring services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the optimal tutoring schedule for your child (30 vs. 60 min./times per wk)?

\_\_\_\_\_



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Is there a specific reward system that works in a positive way for your child?

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Do we have your permission to provide your child with tangible rewards (candy, stickers, stamps, gum, etc.)?

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