



Parent Intake Form (Reading Tutoring)

Student Information

- Child's Name: _____
- Date of Birth: _____
- Current Grade/School: _____

Parent/Guardian Information

- Parent/Guardian Name(s): _____
- Phone: _____ Email: _____

Reading Background

- At what age did your child begin reading? _____
- How does your child feel about reading?
☐ Loves it ☐ Neutral ☐ Avoids it ☐ Frustrated
- Areas of concern (check all that apply):
☐ Phonics/decoding
☐ Sight words
☐ Fluency (reading smoothly, not word-by-word)
☐ Comprehension (understanding stories, recalling details)
☐ Spelling/writing
☐ Confidence or motivation
- Has your child ever received:
☐ IEP or 504 Plan (please describe): _____
☐ Reading intervention at school (program name): _____
☐ Private tutoring (program/method): _____
☐ Evaluations/diagnoses (dyslexia, ADHD, speech/language): _____

Parent Goals

- What do you hope your child gains from tutoring?
- Are there specific skills or outcomes most important to you?

Availability Preferred session days/times: _____