



ASPIRE

Educate. Equip. Empower.

Initial Consultation Intake Form

Name of child: _____ Age: _____ Grade: _____

Name of parent(s): _____

Address: _____

Phone number (s): _____

Child's school and teacher: _____

Does your child have any diagnosed differences or conditions?
(dyslexia, autism spectrum, ADHD, anxiety, depression, etc.)

What are your biggest concerns? (academic, emotional, social):

What are your child's interests, hobbies, strengths?

What are your goals during our consultation?

Do you prefer ½ hour, (\$50.00,) or a full hour, (\$85.00) _____
(Payment can be cash, check, Venmo, Zelle)

If you prefer Zoom, what phone number do you want to use? _____

Please write down 3 dates and times that work best for you, in order of preference..

1. _____

2. _____

3. _____

Please email any of the following documents that your child currently has. This helps us prepare and use the consultation time most efficiently.
(dolly@aspireeduconsulting.com)

- 504 or IEP
- Psychoeducational Evaluation
- Report Cards
- Standardized testing