



# Burke Little & Associates, Inc.

THERAPEUTIC AND EDUCATIONAL CONSULTING

DURHAM, NC • RICHMOND, VA • NASHVILLE, TN

## Adolescent Information Form

Today's Date \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Name of Student \_\_\_\_\_

Name of Parents or Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

(Street)

(City)

(State, Zip)

Home Telephone \_\_\_\_\_

Cell (Mom) \_\_\_\_\_

Cell (Dad) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Current Grade in School \_\_\_\_\_

Mother's e-mail address \_\_\_\_\_

Father's email address \_\_\_\_\_

Current School: \_\_\_\_\_

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

Year of High School Graduation: \_\_\_\_\_ Currently in Grade: \_\_\_\_\_

School Guidance Counselor \_\_\_\_\_

Academic Advisor (*if different*) \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

List all previous schools attended and include grades:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student lives with (Check all that apply):

Check any that apply:  Child is Adopted

Father  Stepfather  Guardian

Father is deceased  Parents divorced

Mother  Stepmother

Mother is deceased  Parents separated

Other (Please specify) \_\_\_\_\_

Father remarried  Mother remarried

Burke-Little & Associates, Inc.

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)

If married, how long have you been married? \_\_\_\_\_

If divorced, how long have you been divorced? \_\_\_\_\_

If divorced, who has physical custody? \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

Father's occupation \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Business address \_\_\_\_\_

Business address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

**Educational Background**

Mother

Father

High School \_\_\_\_\_

\_\_\_\_\_

College \_\_\_\_\_

\_\_\_\_\_

Adv. Degrees \_\_\_\_\_

\_\_\_\_\_

**Student History**

**Educational History**

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

**REASON FOR REFERRAL**

Please describe the type of services you are seeking. If applicable, please describe any problems your child is now having.

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

Burke-Little & Associates, Inc.

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)

**Psychological and educational testing, speech testing, language testing, occupational therapy  
date/results/diagnoses:**

---

---

---

---

---

**Special Education:**

Does your child have an IEP or 504?

---

---

Areas of qualification: reading, math, writing, language, speech, OT, behavior, attention, other?

---

---

Amount of time in separate setting?

---

---

Amount of time in inclusion?

---

---

**Burke-Little & Associates, Inc.**

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

**email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)**

**Additional information:**

Has your child been in any gifted or accelerated classes? Which grades and classes?

---

---

What is your child most interested in or their passions?

---

---

Does your child have chores at home? What and how often?

---

---

Has your child held a job outside the home? When and what kind of work?

---

---

**Please indicate if your child is experiencing any of the following difficulties:**

\_\_\_\_\_ School attention/concentration problems

\_\_\_\_\_ Grades dropping or consistently low

\_\_\_\_\_ Hyperactive, difficulty being still

\_\_\_\_\_ Sadness or Depression

\_\_\_\_\_ Generalized Anxiety (across many situations)

\_\_\_\_\_ Specific Fears or Phobias (List) \_\_\_\_\_

**Burke-Little & Associates, Inc.**

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)

- \_\_\_\_\_ Obsessive-Compulsive / Rigid behavior patterns
- \_\_\_\_\_ Body-focused repetitive behaviors (skin picking, hair pulling, nail biting, etc.)
  
- \_\_\_\_\_ Isolated socially from peers
- \_\_\_\_\_ Problems making or keeping friends
- \_\_\_\_\_ Problems with eating
- \_\_\_\_\_ Problems falling asleep
- \_\_\_\_\_ Problems sleeping through the night (middle of the night or early morning waking)
  
- \_\_\_\_\_ Trouble waking up
- \_\_\_\_\_ Fatigue/tiredness during the day
- \_\_\_\_\_ Nightmares
- \_\_\_\_\_ Noncompliant, purposely does not obey (not due to language or cognitive deficits)
- \_\_\_\_\_ Oppositional, defiant behavior
- \_\_\_\_\_ Problems controlling temper
- \_\_\_\_\_ Tantrums / “Meltdowns”
- \_\_\_\_\_ Problems with authority (breaking rules or laws)
  
- \_\_\_\_\_ Physically aggressive towards others (biting, pinching, scratching, kicking, fighting)
  
- \_\_\_\_\_ Verbally aggressive (name-calling, screaming, swearing, unkind comments)
- \_\_\_\_\_ Self-injurious / Self-harm behavior (head banging, scratching, biting, cutting self)
- \_\_\_\_\_ Wetting accidents (indicate day or night wetting):
- \_\_\_\_\_ Soiling accidents or other bowel problems (withholding, refusal, fear/anxiety)
- \_\_\_\_\_ History of abuse (emotional, physical, sexual)
- \_\_\_\_\_ Alcohol or drug use/abuse
- \_\_\_\_\_ Vocal or motor tics (e.g, grunts, squeals, eye blinks, throat clearing, grimacing, involuntary movements)
- \_\_\_\_\_ Sensory problems (over-reacts or under-reacts to lights, sounds, tastes, textures, smells)
- \_\_\_\_\_ Stress from conflict between parents
- \_\_\_\_\_ Stress due to family financial problems

Burke-Little & Associates, Inc.

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)

Use of technology:

---

---

Use of social media:

---

---

Sexual issues:

---

---

Gender Issues:

---

---

Drugs (history, which ones, how often):

---

---

Legal Issues:

---

---

Other behavior problems:

---

---

Burke-Little & Associates, Inc.

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)

## MEDICAL HISTORY

Name of Child's Primary Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

List any other physicians or health professionals your child sees for services on a regular basis (Psychiatrists, Therapists, Occupational Therapists, Speech Pathologists, etc.)

---

---

---

---

---

When was your child last seen by a physician?

Rate your child's overall health \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Child's current height: \_\_\_\_\_ ft, \_\_\_\_\_ in. Weight \_\_\_\_\_

Does your child have any vision problems? \_\_\_\_\_

Date of last vision test and who performed (physician, optometrist, school)

Does your child have any hearing problems? \_\_\_\_\_

Date of last hearing test and who performed (physician, audiologist, school) \_\_\_\_\_

Is your child: \_\_\_\_\_ right handed \_\_\_\_\_ left handed \_\_\_\_\_ does not favor one hand

Burke-Little & Associates, Inc.

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)

List any operations, serious illnesses, injuries (especially head), hospitalizations, allergies, ear infections, or other medical conditions your child has had.

---

---

---

---

---

---

List any medications your child is currently taking, including over-the-counter drugs, vitamins, and other nutritional supplements (include dosages). Also list previous medications and dates if taken for an extended period of time.

---

---

---

---

---

---

## Social and Educational History

Name of current teacher (s): \_\_\_\_\_

What concerns does your child's teacher have about him/her? \_\_\_\_\_

\_\_\_\_\_ What  
is your child's favorite subject? \_\_\_\_\_

What is your child's least favorite subject? \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_

Has your child ever skipped a grade? \_\_\_\_\_

Has your child ever had tutoring? \_\_\_\_\_

When and with whom? \_\_\_\_\_

**Burke-Little & Associates, Inc.**

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)



Has this child ever been in a Special Education Program? \_\_\_\_\_

How much of the school day? \_\_\_\_\_

What type of program? (LD, Gifted, EBD, ASD, etc.) \_\_\_\_\_

Child's attitude toward school: \_\_\_\_\_

How does your child interact with peers and adults in social situations? \_\_\_\_\_

Do you have concerns about your child's social skills or development? \_\_\_\_\_

What is your child most interested in? \_\_\_\_\_

List your child's extracurricular activities, including sports, clubs, hobbies, lessons, etc. \_\_\_\_\_

Describe your child's strengths, positive qualities, and any special abilities or skills.

What do you see as the student's best qualities? \_\_\_\_\_

What are the student's greatest problems or handicaps? \_\_\_\_\_

Additional Comments \_\_\_\_\_

**Burke-Little & Associates, Inc.**

Durham, NC 919.622.0887

Richmond, VA 804.278.9055

Nashville, TN 615.965.3099

email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)



---

---

---

Burke-Little & Associates, Inc.  
Durham, NC 919.622.0887  
Richmond, VA 804.278.9055  
Nashville, TN 615.965.3099  
email: [burkelittlencva@gmail.com](mailto:burkelittlencva@gmail.com)