

***S.E.E.D.S. of the Willistons, Inc.***

***Eileen M. Devaney, MS, CCC-SLP, Director***

(516) 742-5243  
Fax: (516) 742-3536

Licensed Speech Pathologist  
Avenue

129A Hillside

Williston Park, N.Y. 11596

**TUTORING INTAKE**

**GENERAL CASE HISTORY**

**I. GENERAL**

Patient's Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age (Years/Months): \_\_\_\_\_ Sex: Male  Female

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

City, \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Alternate Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Father's or Guardian's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's or Guardian's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

**III. EDUCATION**

School: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Special Services:**

Resource Room \_\_\_\_\_ Teacher \_\_\_\_\_ # of sessions \_\_\_\_\_

Speech/Language \_\_\_\_\_ Teacher \_\_\_\_\_ # of sessions \_\_\_\_\_

Other: \_\_\_\_\_ Teacher \_\_\_\_\_ # of sessions \_\_\_\_\_

Subject's patient likes:

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Subject's patient dislikes :

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Describe Patient's Personality:

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#### **IV. CONCERNS**

What do you see as the problem?:

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When was the problem first noticed?:

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Has it gotten Better  Worse

What do you hope to accomplish with present evaluation/therapy?

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**We understand that you may need to cancel your appointment. Please try to give this office 24 hours notice, when possible. If 24 hours is not feasible, please call and notify us as soon as possible that you cannot keep your appointment. If you do not call to cancel, after two no shows, we will have to consider scheduling someone else in your allotted time slot.**