



Student:

(For office use only)

Intake Form

Student Information

Name: _____

DOB: _____ **Gender:** _____

Current Grade: _____ **School:** _____

Primary Residence:

Street

City, State

Zip

Primary Guardian Phone: _____

Primary Student Phone: _____

Primary Guardian email: _____

Primary Student email: _____

Please list all residents of Primary Residence (use backside, if needed):

Name	Relationship	Age
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Name	Relationship	Age
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Name	Relationship	Age
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Launch Educational Services, LLC

www.launchedservices.com Phone: 303-585-1535 E-Mail: samodio@launchedservices.com

School History:

**Please list schools attended with approximate dates.
(list most recent first)**

School:

Date(s):

Teacher:

Does student have current or expired IEP? ___ YES ___ NO

Please explain:

Does student have 504 Plan? ___ YES ___ NO

Please explain:

Is the student identified Gifted & Talented? ___ YES ___ NO

Please explain:

Has student ever been suspended? ___ YES ___ NO

Please explain:

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Extracurricular Activities:

Please list all extracurricular activities or after-school activities.

Activity:

How Often / How Much Time:

Medical History:

Please list any medications or supplements student is taking.

Please list any significant illnesses or hospitalizations.

Does your student miss school for health reasons? If so, please indicate reasons for health-related absences.

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Academic Goals:

What are the student's goals for Academic Coaching? (please use backside, if necessary)

Describe a time when the student achieved academic success. How did he/she achieve this success? (please use backside, if necessary)

Please bring copies of report cards, results of standardized tests, and results of any significant examples of student work to intake interview.

I affirm that all information listed in this form is correct and complete. I understand that Launch Educational Services, LLC will use this information only for the purposes of providing Academic Coaching and will not share or disclose any of this information unless permission is obtained from student's legal guardian(s). Should any of the information change, I will inform Launch Educational Services, LLC of the changes.

Student Signature

Parent/Legal Guardian Signature

Date: _____

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