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SCHOOL PSYCHOLOGIST & CLINICAL SOCIAL WORKER

**PSYCHOLOGY SUPPORT CENTER**  
**Support & Empower for Success**

**Assessment Intake Form**

**CLIENT INFORMATION:** Please have the client complete this section

*Please print as neatly as possible when filling out this form, (a staff member will help if you need assistance).*

**Do you need assistance with Reading? \_\_\_\_\_ Writing? \_\_\_\_\_**

**IF SO, PLEASE NOTIFY A STAFF PERSON AT THIS TIME TO RECEIVE ASSISTANCE.**

Client name \_\_\_\_\_ Date \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Last grade of school completed \_\_\_\_\_ Year completed \_\_\_\_\_

Were you a special education student in school? \_\_\_\_\_

Disability type(s) \_\_\_\_\_

Have you been evaluated by a professional? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, what is your current job? \_\_\_\_\_

If you are currently employed, are you satisfied with your work? \_\_\_\_\_

Are you being treated for a medical or psychological condition? \_\_\_\_\_ If so, please describe:

\_\_\_\_\_

Do you have insurance? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Name of person responsible for fee payments, if it is someone other than the client:

\_\_\_\_\_

Responsible person's phone: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Who were you referred by? \_\_\_\_\_

Please tell us why you came to Psychology Support Center:

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Please tell us about your learning difficulties and about how you learn best:

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## Section 2

### **COMPUTER SKILLS:** Please have the client complete this section

*Please print as neatly as possible (a staff member will help if you need assistance).*

Do you own a computer? \_\_\_\_\_ If so, what kind and how old? \_\_\_\_\_

Do you use a computer daily? \_\_\_\_\_ Do you use a cell phone or a tablet? \_\_\_\_\_

Can you type reasonably well? \_\_\_\_\_

Can you create and delete folders and name files on your computer? \_\_\_\_\_

Do you have active accounts: Email? \_\_\_\_\_ Facebook? \_\_\_\_\_ Twitter? \_\_\_\_\_

Do you use Microsoft Office: Word? \_\_\_\_\_ Excel? \_\_\_\_\_ PowerPoint? \_\_\_\_\_ Outlook? \_\_\_\_\_

Do you have access to the Internet? \_\_\_\_\_ If so, what browser do you use? \_\_\_\_\_

Please tell us about the challenges you face when using a computer or other electronic device:

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Please describe any assistance or accommodations you may need due to your learning disability:

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Please describe how you would like to improve your computer skills:

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**Section 3****Sliding Scale Fee Application:** Please have the client fill out this section:

*You may be eligible for a discount based on your **household** income. Please complete the screening below if you wish to apply:*

☐ I earn wages \$\_\_\_\_\_ of wages per ☐ month or ☐ year which contribute to my life expenses.

☐ I receive MEDCAID/MEDICARE benefits.

☐ I receive Social Security Disability benefits.

☐ Someone else claims me as a dependent on their tax return; name: \_\_\_\_\_

I live in a household with \_\_\_\_\_ other people, and we ☐ share our finances ☐ are roommates.

My household's total income (all people) at this time is \$\_\_\_\_\_ per ☐ month or ☐ year

☐ If applying for a reduced fee, *I agree to provide copies of my last federal tax return, Social Security Award letter or other proof of my income or government benefit status; please list which documents you will provide:*

*I am applying for reduced fee services from Psychology Support Center on the basis of my household income, and I certify that payments of full fees are not possible within my current life expense budget.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sliding Scale Fee**

***All fees must be paid before services are rendered.*** (This does not include free workshops or special events, which will be noted as such):

**Staff Authorization:** Staff members complete this section:

Verification of Documents Submitted: ☐ Recent Federal Tax Filing ☐ SS Award Letter

☐ Other \_\_\_\_\_

Application Approved: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Tier 5 ☐ Tier 6

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 4****Attendance Policy Agreement:** Please have client complete this section

*By signing below, you acknowledge that you have read, understand, and will abide by the following policies regarding your attendance at Psychology Support Center programs and services. Read and initial each policy, then sign below.*

\_\_\_\_\_ I understand I am required and expected to **arrive 5 minutes before** my scheduled appointment time.

\_\_\_\_\_ I understand if I arrive **more than 15 minutes late without calling, I will lose** my scheduled appointment time and **I will be charged a \$75 penalty fee.**

\_\_\_\_\_ I understand that if I need to **cancel** my scheduled appointment time, I am required and expected to do so **with at least a 24-hour notice**, otherwise **I will be charged a \$75 penalty fee.**

\_\_\_\_\_ I understand if **I am running late**, I need to **call the office ahead of time** and let someone know that I will be late.

\_\_\_\_\_ I understand if **I fail to show up for my appointment** without calling to cancel more than two times, **I may become ineligible for services at Psychology Support Center.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Printed Name \_\_\_\_\_

**Section 5****Participation Agreement:** Please complete this section:

*By signing below, you acknowledge that you understand that Psychology Support Center provides life, educational and career support services, and that these services are not medical treatment. You also acknowledge that you are responsible for your own efforts toward your own goals, and that Psychology Support Center **does not** guarantee placement, accommodations, employment, or admission into or completion of an academic or training program.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Printed Name \_\_\_\_\_