



Learning Magic

Professional Tutoring Works Magic!

Intake Form

Student's Name _____ DOB _____ Grade _____

Address _____ City _____ State ____ Zip _____

Telephone (Day) _____ Cell _____

Mother _____ Father _____

E-mail _____

Siblings & ages _____

Interests / Hobbies / School Activities _____

Present school _____ Grade _____

Previous School (s) _____

Preschool ____ Age started kindergarten ____ Grades Repeated ____

Did you pass MCAS? _____ Scores: Math _____ ELA _____

What are your goals? _____

Reason for referral _____

Subjects for tutoring _____

23 Trescott Street, Taunton MA 02780

Phone: (508)-821-7770

Email: Learningmagic@cs.com

Website: www.Learningmagic.net



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Current grades or GPA _____

Have you ever had educational testing? _____ When _____

Type (Core evaluation, Stanford, etc.) _____

Results _____

Do you currently have an IEP? _____ Do you have a 504 plan? _____

Type of services _____

Any health issues? _____ If yes, describe _____

Allergies? _____ Describe _____

Medication? _____ Which medication? _____ Dosage _____

How did you hear about Learning Magic? _____

Anything important or remarkable we should know. _____

Can you refer anyone to Learning Magic? _____

Name _____ Number _____

Your signature acknowledges your acceptance and understanding of these policies.

Parent Signature / Guardian

Date

Welcome letter: Yes ___ No ___

Pricing: Yes ___ No ___

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