

## NEW CLIENT INFORMATION

Date: Client Name:	D.O.B.:	Grade:
Parent Name:	Parent Name:	
Address:	Address:	
City/State/Zip Code:	City/State/Zip Code:	
Home Phone:	Home Phone:	
Cell:	Cell:	
Work:	Work:	
Email:	Email:	
Sibling(s) name(s) and age(s):		
School Name and District/City:		
Best Contact at the School: Name and Phone	#:	
When was your last IEP?	Triennial Testing? (Every 3 Years	)
If he is enrolled in a Special Education	class or specific service, please list	those here:
What are your current concerns about	your child's performance at school?	

What are your current concerns about your child's performance at home?			
Please list the classes or topics yo	our child does BEST in at school	:	
Please list the classes or topics your child struggles the most with at school:			
What are his/her least-favorite classes:			
What are his/her favorite classes:			
RATE YOUR CHILD'S BEHAVIORS ON A SCALE FROM 1-10 (10= Great Performance)			
BEHAVIOR	HOME	SCHOOL	
Attention to others			
Listening			
Participating in a group			
Participating in a conversation			
Being organized			
Personal problem-solving			
Understanding feelings of others			
Assuming responsibilities			
Controlling, argumentative			
Affectionate			
Understanding consequences			

Please mail along with your application the following items (Address: 6040 Camp Bowie Blvd #57, Fort Worth, Texas 76116 fax:817.568.8363 ph: 817.845.8101):

☑A copy of the latest IEP or school evaluations (if applicable)

☑Any outside therapy reports (OT, PT or SLP)

☑Any diagnostic reports or updates

☑A recent picture of your child (We keep this in the file to help remember your child if we don't see him/her on a regular basis).

☑A brief letter from you describing your child's strengths, weaknesses and the area you believe is of most concern at this time.

☑Completed Social Thinking forms:

- o Parent's Questionnaire
- o Teacher's Form
- Video Permission
- o Exchange of information

SocialLearningConnection.com

6040 Camp Bowie Blvd. #57 Fort Worth, Texas 76116