

DATE_____

CLIENT'S NAME_____ DOB_____

AGE: _____ GRADE: _____

PARENT NAME_____ PARENT NAME _____

ADDRESS _____ ADDRESS _____

CITY/ST/ZIP _____ CITY/ST/ZIP _____

HOME PHONE _____ HOME PHONE _____

CELL# _____ CELL # _____

WORK# _____ WORK# _____

EMAIL _____ EMAIL _____

CLIENT'S EMAIL: _____

DOES HE/SHE CHECK THEIR EMAIL? YES NO

IF THE CLIENT DOES NOT HAVE AN EMAIL, DO YOU GIVE YOUR CONSENT TO HIM/HER HAVING AN EMAIL FOR THE PURPOSES OF COMMUNICATION WITH HIS/HER COACH?

YES NO DISCUSS WITH COACH

SCHOOL NAME AND DISTRICT/CITY_____

BEST CONTACT AT SCHOOL:_____

CONTACT'S PHONE #:_____ CONTACT'S EMAIL:_____

DOES YOUR SON/DAUGHTER HAVE A CURRENT IEP OR 504 PLAN: YES NO

IF YES, WOULD YOU BE WILLING TO PROVIDE THAT TO AMY QUINONES, LLC? YES NO

Please list any diagnosis your child may have :

Brief Developmental History

Did your child receive Birth to Three services: Yes No

If answered "Yes" please indicate types of services:

Please list any types of educational or social/emotional supports your son/daughter/yourself has (or had) in school:

Please outline a brief developmental history of your son/daughter. Please include things such as developmental milestones, social development, play development, language development.

Please list the classes or topics that are your child's strengths/interests at home or school:

Please list the classes or topics your child struggles the most with at school:

Please describe your child's current social relationships. Does he/she have friends? Wish for friends? Relate better to adults? Would you describe your child as lonely?

Please describe any items your child fears/dislikes to a degree that might interfere with learning (fear of large spaces, loud voices, criticism, movement, low motivation, etc.)

Does your child currently present with any emotional issues (low frustration tolerance, depression, anxiety, etc.)

Family Goals

Please list 2-3 short term achievements you would like to see for your child (or yourself).

Additional Information Please describe any additional information you would like us to know about yourself/your child.

Information sheet prepared by:

PARENT/GUARDIAN: _____ DATE _____

PARENT/GUARDIAN: _____ DATE _____

Signature of person (other than parent) who prepared or helped prepare this sheet, and relationship to child: _____

RELATIONSHIP: _____ DATE: _____