



Idaho Social Learning Center Client Information

Confidential

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 www.idahosociallearningcenter.org

DATE: _____ **FORM COMPLETED BY:** _____

A. CLIENT/STUDENT INFORMATION (Fill in all applicable spaces):

First Name:	MI:	Last Name:	DOB:	M / F	Age:
Address:			City & State:		Zip:
Home Phone:	Work Phone:		Cell Phone:	e-mail:	
Current Grade or Level of Education Completed:			Occupation:	Employer:	
Referred By:			Primary Physician:		
Please list any medical conditions and medications we should be aware of:				Name of Treating Physician:	

B. FAMILY INFORMATION:

1. ___ Mother (Circle One: Birth / Adoptive / Step / Guardian) OR ___ Spouse			2. Father (Circle One: Birth / Adoptive / Step / Guardian)		
First Name:	MI:	Last Name:	First Name:	M.I.:	Last Name:
Address (if different from above):			Address (if different from above):		
City & State:	Zip:		City & State:	Zip:	
Home Phone:	Work Phone:		Home Phone:	Work Phone:	
Cell Phone:	Fax:		Cell Phone:	Fax:	
e-mail:	Level of Education completed:		e-mail:	Level of Education completed:	
Occupation:	Employer:		Occupation:	Employer:	
Will you be applying for financial assistance?					

C. EDUCATIONAL INFORMATION:

Current School (if applicable):			Major area of study (if in college):		
School Address:			Phone:		
City & State:	Zip:	Fax:	Contact person (if applicable):		
List any previous educational or psychological evaluations (including when done, by whom, and what the findings were):					
Describe any special services that are (or were in the past) provided at school:					

D. CURRENT CONCERNS: Indicate which of the following are concerns at this time and briefly explain each:

1. Academics (circle one or more): Reading / Math / Writing / Language Other _____	1. Explain:
2. Activity Level, Impulse Control: Y / N	2. Explain:
3. Attention, Concentration, Organization: Y / N	3. Explain:
4. Behaviors that impact social relationships: Y / N	4. Explain:
5. Language / Verbal Skills: Y / N	5. Explain:
6. Mood and Emotions: Y / N	6. Explain:
7. Motor Skills (Fine or Gross Movement): Y / N	7. Explain:
8. Thinking Skills (Memory, Problem Solving, Reasoning, Visual Processing, etc.): Y / N	9. Explain:
9. Processing: Y/N	10. Explain:

E. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD'S SOCIAL INTERACTIONS.

1. Describe your child's strengths and challenges related to functioning in the social world.	
2. Describe his/her interaction with peers	
3. Please describe his/her awareness of his/her challenges. For example, is your child aware of how others perceive him/her? Such as, if others perceive him/her as different from peers?	
4. How well does your child understand that his/her actions and words affect others?	
5. How does he/she deal with responding to everyday problems such as a change in schedule, etc.?	

F. STRENGTHS:

Please describe interests, hobbies, strengths, and talents:

G. SPECIAL NOTES:

What would you like to gain from services at Idaho Social Learning Center? Please also add any additional information that you feel is important and may be helpful for us to know:

Within the first six weeks of services a Social Learning Plan will be created by your specialist. The cost for writing this plan is \$50. You will have an opportunity to meet with your specialist to discuss the plan.