

Mary Reyes, M.A.
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Forsyth Country Day School
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NEW CLIENT INFORMATION

Date _____ Client's Name _____ Birth Date _____

Parent/Guardian Name _____

Billing
Address: _____

Sibling(s)' Name(s) and Age(s):

Home Phone: _____ Mom's Work # _____

Dad's Work #: _____ E-mail _____

Fax # _____

School Name _____

Best Contact at the School: Name and Phone # _____

If he/she receives any special services, 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 your 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/most 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 list the reports that you have enclosed with this survey.

I will need a CONSENT TO SHARE INFORMATION signed for each professional you would like me to speak with regarding your child. Please list their names here and sign below!

Signature of approval to discuss my child with the above professionals and Mary Reyes

Date _____

What other questions do you have for me??
