

"Let's Communicate!"
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NEW CLIENT INFORMATION

Date _____ Client's Name _____ Birth Date _____ Grade _____

Parent/Guardian Name: _____

Billing Address: _____

Siblings Name and Ages: _____

Home Phone: _____

Mom Cell #: _____

Dad Cell#: _____

Mom Work #: _____

Dad Work #: _____

Mom email: _____

Dad email: _____

School Name and District/City: _____

Best Contact at the School: Name and Phone #: _____

Date of last IEP: _____

Triennial Testing? (every 3 years): _____

School _____

ESE Coordinator _____

Please list Special Education classes or specific services: _____

Diagnostic Label: _____ By Whom? _____ Date: _____

Medication: _____

New Client Form

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Client Name _____

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 with the most at school:

What are his/her favorite classes:

What are his/her **least** favorite classes:

New Client Form

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Client Name _____

RATE YOUR CHILD'S BEHAVIOR 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. Please include a copy of a diagnostic report (private and school based), last year of the IEP, your last triennial school assessment, any other reports...

Any other concerns or questions?
