



2018 Summer Skill Builders: Client Information

Child's Name: _____
Birthdate: _____ Age: _____
Parent's Names: _____
Phone: _____
Email: _____
School your child attends (if applicable): _____

Please provide detailed information.

1. Primary Diagnosis of your child:
2. Services currently received:
3. Please describe your child's level of functioning and his or her strengths.
 - Speech and language skills:
 - Fine and gross motor skills:
 - Academic skills:
 - Social and play skills:

4. What skills would you like your child to work on this summer?

- Social and play:

- Communication:

- Fine and gross motor:

- Classroom readiness:

5. Are there any behavior and/or emotional challenges which impact learning? Yes or No
If yes, please describe. What triggers these challenges and what behavior strategies work best for your child?

6. What activities or toys does your child love? What motivates your child to do well?

7. Is your child potty trained? Is your child currently learning to be potty trained?
Is your child on a specific bathroom schedule that we need to know about?
Tell us anything important that we need to know about bathroom habits and needs.

8. Please tell us about anything not listed above that you would like us to know.

9. What is your child's T-shirt size? _____

Parent Signature: _____