



Kid's Club Client Information

Child's Name: _____

Birth date: _____

Parent's Names: _____

Phone: _____

Email: _____

School your child attends: _____

Primary Diagnosis of your child:

Reason for Referral:

My child struggles in the following areas:

- _____ Difficulty meeting and making friends
- _____ Difficulty keeping friends
- _____ Difficulty being assertive
- _____ Poor Self-esteem
- _____ Anxiety
- _____ Behavioral challenges
- _____ Anger management challenges
- _____ Difficulty initiating and maintaining appropriate conversation
- _____ Difficulty with pragmatics (using and understanding language within social contexts)
- _____ Exhibits socially unacceptable behaviors
- _____ Difficulty picking up on social cues
- _____ Other _____

Presenting Problem:

Please explain in more detail the items checked above:

How have these difficulties improved or deteriorated recently?

Please briefly describe your child's level of functioning, strengths and weaknesses:
If within normal limits write "WNL".

- Speech and Language:

- Social Skills:

- Emotional Profile (anxiety, anger, behavioral issues etc.)

Does your child have any idiosyncratic behaviors, obsessions, and/or fears that interfere with social interaction?

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

What 3 or 4 skills would you like your child to improve?

Parent Signature: _____