



CONFIDENTIAL CLIENT INFORMATION

Client Information:

Date Completed: _____

Child's Name: _____ Male Female

Child's Birth Date: _____ Age: _____ Grade in School: _____

*Please * your preferred contact number
Please ** your child's permanent address*

Parent/Guardian 1 Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Occupation: _____

E-mail: _____

Address: _____

City, State, Zip: _____

Relationship to Child: _____

Do you prefer to be contacted by phone e-mail

Parent/Guardian 2 Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Occupation: _____

E-mail: _____

Address: _____

City, State, Zip: _____

Relationship to Child: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contact: (This contact must live in the area and be authorized to pick up your child.)

Name: _____ Phone Number: _____ Relationship: _____

PCA / Nanny / Caregiver Information:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Individuals Authorized to Pick up Your Child (Please list full legal names and phone numbers)

Name: _____ Phone: _____ Name: _____ Phone: _____

Safety: Occasionally we walk to the park, library, pet store, etc. Does your child have a history of elopement? If yes, please describe _____

Any restrictions to swimming/water activities? If yes, please describe: _____

For Preschool Children Only (Ages 3-6):

Please describe your child's current level of potty training. West Metro's policy requires clients to be potty-trained; however, we realize accidents occasionally happen. If your child has accidents, we ask caregivers to remain in the waiting area to assist in the event of an accident: _____

Medical History:

Dietary Restrictions: _____

Allergies: _____

Does your child currently have a prescription for an epi-pen? No Yes *Clients who require an epi-pen need to have an epi-pen available at WMLC at all times.

Please List Any Physical Limitations: _____

DSM-IV Diagnosis: _____ Date of Diagnosis: _____

Medical Conditions: _____

Insurance Provider: _____ Policy/Group #: _____ ID #: _____

All current medications and dosages:

1. _____ 3. _____

2. _____ 4. _____

If your child will need medication while at WMLC, please complete the Permission to Dispense Medication Form. Please provide in the original container with the name and dosage.

School Information/Educational Identification and Services:

(If we have a current copy of your child's IEP or 504 Plan, you do not need to complete this section.)

____ Autism Spectrum Disorder ____ Emotional/Behavioral Disorder ____ Other Health Impaired
____ Speech/Language Impairment ____ Occupational Therapy ____ Traumatic Brain Injury

ISD #: _____ School Name: _____ Phone: _____

IEP Manager: _____ Phone: _____

ASD Specialist: _____ Phone: _____

Classroom Teacher: _____ Phone: _____

If you would like communication between your child's school, physician or social worker, etc. and West Metro Learning Connections; please complete the Consent to Release Private Data Form.



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In order to provide the best service possible for your child, please include as much information as possible.

What do you consider your child's greatest areas of strength? _____

What are your child's preferred interests? _____

What are your child's preferred snack foods? _____

Please describe 3-5 goals you would like your child to work on at WMLC. These can be in any area you choose. Some possible areas might be coping skills at home, coping skills at school, organization, etc.

Please share any information you think will help us to know your child and help him/her achieve best results in his/her classes at WMLC:

1. Please check those areas where your child has difficulties

Joining a group		Ending a conversation or interaction	
Knowing when and how to give assistance		Knowing when and how to accept assistance	
Accepting constructive criticism		Giving criticism	
Accepting compliments		Giving compliments	
Incorporating others' into an activity		Accepting differing opinions	
Sharing materials		Sharing preferred items	
Resolving conflicts		Getting along with classmates and neighbors	
Following directions		Monitoring and listening to others	
Accepting help		Helping others	
Apologizing		Accepting an apology	
Admitting mistakes		Appropriate sportsmanship	
Other:		Other:	

2. Please check the areas of communication that apply to your child

Give monologues		Give too many details	
Begin speak about something, without giving adequate reference		Become upset if they cannot finish saying something	
Seem to think that everyone know what he is thinking		Has difficulty choosing or making a decision	
Have to start at the beginning if interrupted		Ask repeated questions	
Converse only on topic of interest to them		Laugh when others hurt themselves	
Trouble losing a game		Upset if they cannot finish a game	
Trouble listening to others ideas		Doesn't respond	
Blurts out answers		Inappropriate vocal tone	
Interrupts		Makes inappropriate noises	
Makes inappropriate comments		Makes inappropriate sexual comments	
Perseverate on a particular topic		Take things literally	
Rude		Doesn't finish a thought	
Trouble beginning a conversation		Copies bad language used by others	

3. Please check the areas that may trigger a meltdown for your child?

Bright lights		Loud noises	
Unexpected noises		Animals	
Movies		Vacuum cleaner / Other appliances	
Being told "No"		Dark places	
Crowded places		Making a mistake	
Being teased		Being center stage	
Cartoon or storybook characters		Being touched	
Losing a game		Not going first	
Other:		Other:	



What indicators does your child give to signal that he/she is becoming upset and could meltdown?

4. When escalated please check any of the following behaviors demonstrated by your child?

Hit		Scratch/Pinch		Spit	
Kick		Scream		Bite	
Push		Swear		Throw objects	
Pull hair		Misuse property		Cry	
Run		Shut down		Becomes defiant	
Bully others		Prefers to be alone		Other:	
Other:		Other:		Other:	

Please describe any other behavior information that may be useful for staff (e.g., frequency, intensity, length of time, etc.) _____

5. Does your child demonstrate any of the following sensory items?

Put fingers in ears		Put objects in mouth		Gets too close to people	
Bump into people		Bump into things		Need to hold something in hand	
Hum or make other vocal noises		Wear only Velcro shoes		Picks skin	
Chew on clothing		Requires deep pressure		Twirls own hair	
Touches others' hair		Picks nose		Touches genitalia	
Other:		Prefers to be alone		Other:	

6. Does your child seem to understand any of the following emotions?

For Self

For Others

Mad		Mad	
Sad		Sad	
Happy		Happy	
Frightened		Frightened	
Surprised		Surprised	
Bored		Bored	
Embarrassed		Embarrassed	
Proud		Proud	

7. Social Skills Checklist

Please complete the following checklist; WMLC will use this information to help determine your child's strengths and areas for growth in social language. We will also use this checklist to evaluate your child's social language progress throughout their time at WMLC.

	Often	Sometimes	Rarely
Introduces self to new people without being prompted			
Initiates conversations rather than waiting for others to talk first			
Ends conversations appropriately			
Offers to share objects, ideas, and information appropriately			
Volunteers to help others without taking power			
Admits mistakes and sincerely says, "I'm sorry."			
Gives sincere compliments to peers and adults			
Accepts compliments from peers and adults with a thank you			
Demonstrates good listening behavior with appropriate body language			
Asks for help at appropriate times			
Says thank you to teachers and peers to show appreciation for help or considerate actions			
Listens to and follows directions			
Asks questions to clarify statements or gain more information			
Participates and stays on task during discussions			
Finishes and hands in schoolwork on time			
Uses feelings words to describe personal feelings			
Controls anger with peers and adults			
Handles fear constructively rather than becoming immobilized by it			
Says positive things to self			
Responds to strong feelings by cooling off before acting			
Maintains control when teased by peers or adults			
Asks permission before using another's belongings			
Admits mistakes and accepts consequences			
Listens and responds calmly when wrongly accused			
Makes a complaint with confidence when things don't seem fair			
Takes action to deal with hurt feelings when left out by friends			
Practices good sportsmanship			
Accepts no for an answer and graciously goes on to other activities			
Firmly says no to unreasonable or harmful requests of others			
Finds mutually acceptable solutions to conflicts with peers and adults			
Play with others			
Notices social cues			
Need things to happen just as expected			
Insist on doing things the same way each time			
Focus on one subject for too much time			
Change the topic subtly			
Dominate conversations			
Engage in reciprocal conversations on non-preferred topics			

Adapted from Room 14 A Social Language Program by Carolyn C. Wilson



PERMISSION AUTHORIZATION

I. AUTHORIZATIONS FOR EMERGENCY PROCEDURES AND HANDBOOK POLICY:

I give permission to West Metro Learning Connections for the following:

1. To take whatever emergency measures are judged necessary for the care and protection of my child while he/she is under the supervision of WMLC.
2. To have my child transported to a local hospital by the local emergency squad (911) if that emergency team deems it necessary. If the emergency services are needed as a result of an accident or injury, I understand that I will be liable for any ambulance or medical charges that may result.
3. I agree to the release of this record for treatment, referral, billing or insurance purposes.
4. To take any emergency measures, such as the ones identified above, before contacting me if it is judged necessary for the care and protection of my child.
5. My child has permission to be transported by WMLC to and from field trips.
6. I acknowledge that I have read and understand all policies and procedures and understand that I am agreeing to abide by all policies and procedures found in the West Metro Learning Connections', Inc. Client Handbook.

My signature indicates that I have read and understand the above permission authorizations, in Section I and that I grant permission as indicated.

PARENT'S SIGNATURE: _____ DATE: _____
Required

II. PHOTO AND VIDEO AUTHORIZATIONS:

I give permission to West Metro Learning Connections for the following:

1. To take photographs of my child to be used for classroom purposes (class photo album, class projects, etc).
2. To use photographs and/or video of my child at WMLC in publications, communications and promotional materials (e.g. brochures, annual reports, advertisements).
3. To use photographs and/or video of my child on the WMLC website and/or Facebook page.
4. To use photographs and/or video of my child for media purposes (e.g. magazine articles, television news segments).

Please Note: You may cross out and initial any area in the section above which you do NOT wish to give permission.

My signature indicates that I have read and understand the above permission authorizations and that I grant permission as indicated until revoked. I understand that photos used in previous publications cannot be revoked.

PARENT'S SIGNATURE: _____ DATE: _____
Required



CONSENT TO RELEASE PRIVATE DATA

Client's Name:

Date of Birth: _____

Age: _____ Grade: _____

Parent Name(s):

Client Address:

I authorize WEST METRO LEARNING CONNECTIONS to release information to and receive information from:

Please make a copy now if you need to list additional organizations that don't fit on this form.

School District Name/Address:

Name(s) Of Authorized Person(s):

All regular and special education staff and administration

Phone Number / Fax Number

_____ / _____

Clinic/Organization Name/Address:

Name(s) Of Authorized Person(s):

Phone Number / Fax Number

_____ / _____

Clinic/Organization Name/Address:

Name(s) Of Authorized Person(s):

Phone Number / Fax Number

_____ / _____

Records and information to be released include: Academic Records, Behavioral Records, Psychological Reports, Social Work Reports, Special Education Records and Reports, Attendance Records, Teacher, Counselor, Staff, and Administration Observations, Medical Reports, and Funding Options.

I further authorize WMLC staff to **observe client** in his/her school setting at a time determined by parents, teachers, administrators, and WMLC staff.

The purpose of this request is to facilitate therapeutic, educational and co-educational planning.

I understand that this authorization takes effect the day that I sign it and expires _____ or not more than one year from the date of my signature.

I also understand that I may change this authorization at any time. Copies of this authorization will be kept on file at both the organization(s) noted above and at West Metro Learning Connections.

Parent Signature

Month/Day/Year

Please return the completed form to West Metro Learning Connections, Inc.

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