

## **CLIENT INFORMATION**

Date			
Student's name			
	Last	First	Middle
Address		City	7:n
Birth Date	Street	City School	Zip
		ISIBLE PARTY INFORMATION	
Parant #1 Nama			
Parent #1 Name	Last	First	Middle
Mailing Address _			
	Street	City	Zip
Home Phone		Work Phone	
Cell/Other Phone_		Email Address	
Social Security #		Birth Date	
Relationship to Clic	ent		
Employer Name			
Employer Address_			
Zimprojer riddress_	Street	City	Zip
Occupation		Years Employed	
Parent #2 Name			
Home Phone		Work Phone	
Cell/Other Phone_		Email Address	·
Security #		Birth Date	

Relationship to Client		
Employer Name		
Employer Address		
Occupation	City Years Employ	Zip yed
ЕМЕ	ERGENCY INFORMATION	
Name		
Address		
Street Home Phone	City Cell/Other Phone	Zip 
Relationship to student		
P	hotograph or videotaping	
I grant / dany Thomasy At School	II C nominission to take a mhote for the	ois shild's assassment
file. (circle one)	, LLC permission to take a photo for the	nis child's assessment
I grant / deny Therapy At School,	, LLC permission to video tape tutorin	g sessions. (circle one)
further understand that if permission	be used only for tutor evaluations and n is granted, I may revoke this permiss	
by providing written notice to Thera	apy At School, LLC	
	SIGNATURE	
Parent or Guardian Signature		
Date		
	OFFICE USE ONLY	
Initial Screening Date:		<del></del>
Assigned Tutor: Session Start Date:		<del></del>
Retesting Date(s):		<del></del>
End Date:		<del></del>
בווט טעופי		<del></del>
<b>\</b>		i