

Claudia Zimmerman, M. A. TESOL, M. EdT

AET Associate Member

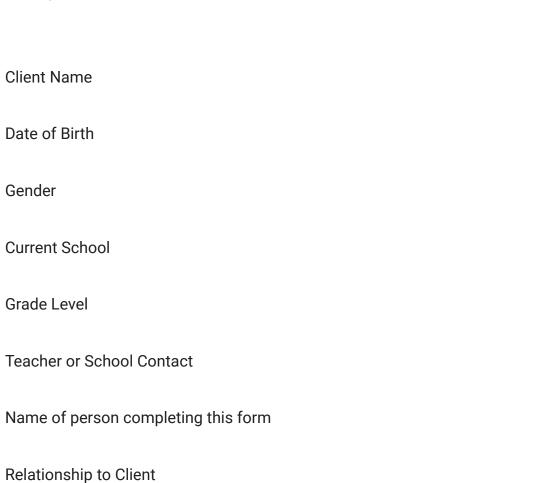
Virtual Educational Therapist

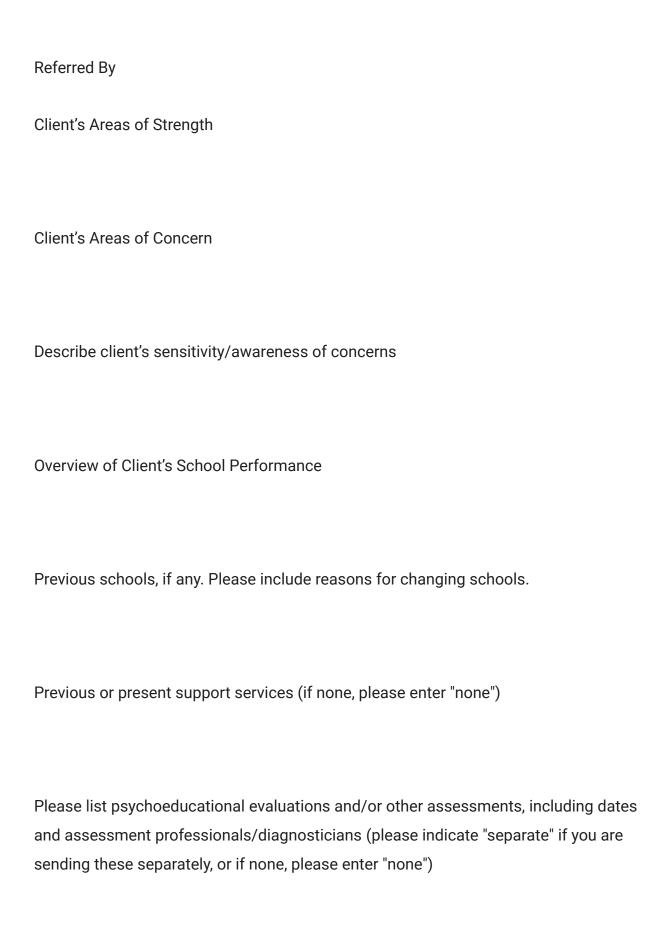
(415) 854-3341

claudia@the-learning-mind.com

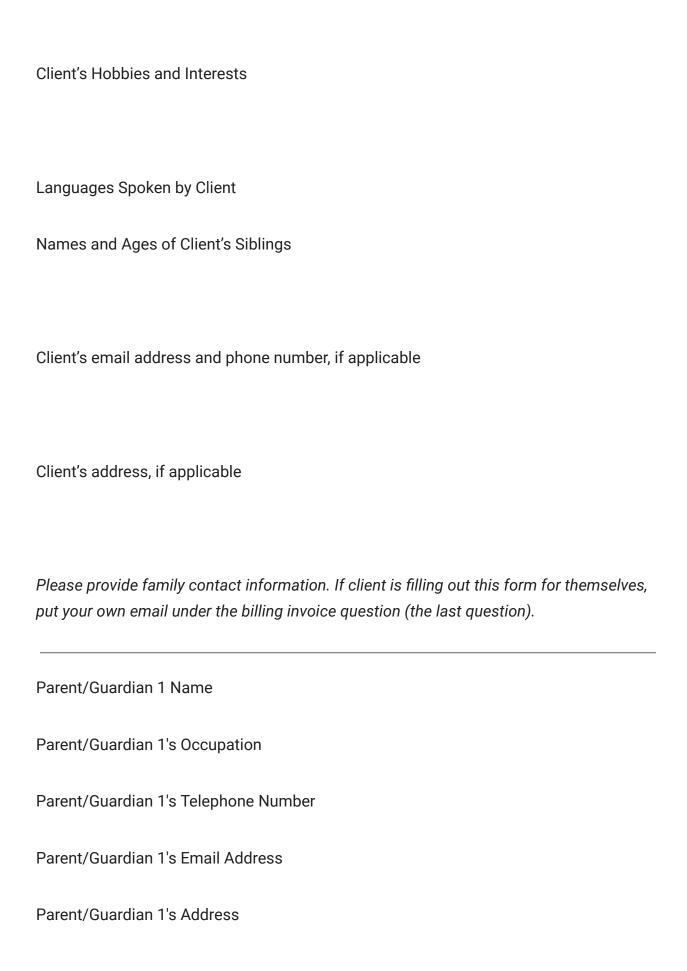
Client Information Form

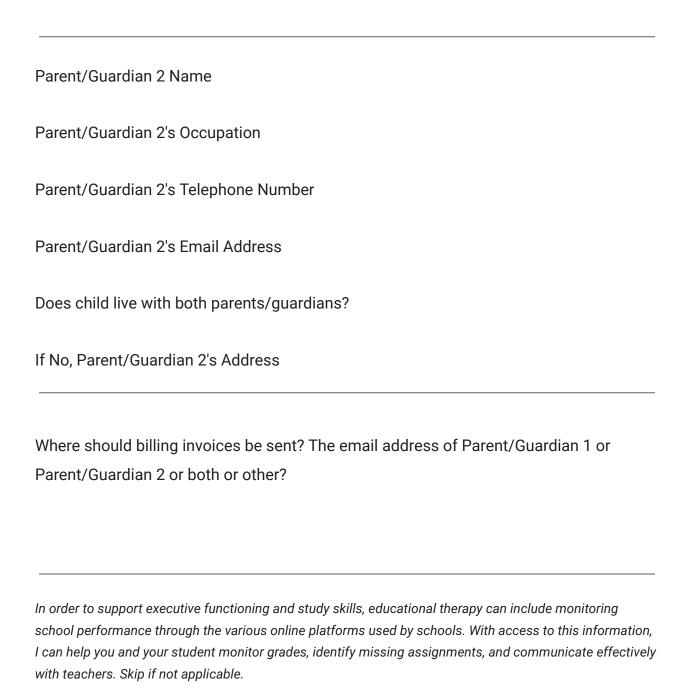
Please provide the following information about your child. All information is confidential. If I work with more than one child in your family, please fill out all forms for each individual. Once you have submitted the forms for one child, you will be invited to "Submit another response." Thank you!





Is the client currently on any medication? Please specify (if none, please enter "none")
Does any member of the client's family have learning differences or disabilities? Please specify (if none, please enter "none")
Describe client's early development (general health, accidents, sleep habits, eating, any complications at birth or in utero, etc.)
Describe client's overall current health
Describe client's appetite
Describe client's sleep habits
Client's Daily Screen Time





Student Interface/Learning Management System (LMS). This might be Google Classroom, Canvas, Moodle, or Schoology, among others. Please include the website and username. Passwords may be provided separately.

Parent Interface/Portal: Please include website and username. Passwords may be provided separately.
By typing your name (e-signature) below, you give consent to allow Claudia Zimmerman, virtual educational therapist, to view your student's academic information.
Please use the following space to make note of any additional concerns, details, goals, or characteristics you wish to share with me: