



THE LEARNING MIND

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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!

Client Name

Date of Birth

Gender

Current School

Grade Level

Teacher or School Contact

Name of person completing this form

Relationship to Client

Referred By

Client's Areas of Strength

Client's Areas of Concern

Describe client's sensitivity/awareness of concerns

Overview of Client's School Performance

Previous schools, if any. Please include reasons for changing schools.

Previous or present support services (if none, please enter "none")

Please list psychoeducational evaluations and/or other assessments, including dates and assessment professionals/diagnosticians (please indicate "separate" if you are sending these separately, or if none, please enter "none")

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

Client's Hobbies and Interests

Languages Spoken by Client

Names and Ages of Client's Siblings

Client's email address and phone number, if applicable

Client's address, if applicable

Please provide family contact information. If client is filling out this form for themselves, put your own email under the billing invoice question (the last question).

Parent/Guardian 1 Name

Parent/Guardian 1's Occupation

Parent/Guardian 1's Telephone Number

Parent/Guardian 1's Email Address

Parent/Guardian 1's Address

Parent/Guardian 2 Name

Parent/Guardian 2's Occupation

Parent/Guardian 2's Telephone Number

Parent/Guardian 2's Email Address

Does child live with both parents/guardians?

If No, Parent/Guardian 2's Address

Where should billing invoices be sent? The email address of Parent/Guardian 1 or Parent/Guardian 2 or both or other?

In order to support executive functioning and study skills, educational therapy can include monitoring school performance through the various online platforms used by schools. With access to this information, I can help you and your student monitor grades, identify missing assignments, and communicate effectively with teachers. Skip if not applicable.

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: