Client Application

August 2018

All questions contained in this questionnaire are strictly confidential and will become part of your records		
Date Submitted:		Gender: M☐ F ☐ Unspecified☐
Student Name (First/Last):		Date of Birth:
Provincial Health Insurance # or Medical Insurance #		Citizenship:
Previous School and Grade:		Teacher:

PARENTS/GUARDIANS			
Parent/Guardian		**Parent/Guardian**	
Name:		Name:	
Address:		Address:	
Email Address:		Email Address:	
Home Phone	Work Phone:	Home Phone:	Work Phone:
Cell Phone	Other	Cell Phone:	Other:

Presenting Problems at time of application (please check all that apply)			
Suicidal / Self-Harm	☐ Yes ☐ No ☐ Historical	Substance Abuse	☐ Yes ☐ No ☐ Historical
Depressed/Withdrawn	☐ Yes ☐ No ☐ Historical	Learning Difficulties	☐ Yes ☐ No ☐ Historical
Physical Aggression	☐ Yes ☐ No ☐ Historical	Unusual Behaviours	☐ Yes ☐ No ☐ Historical
Property Destruction	☐ Yes ☐ No ☐ Historical	Steals	☐ Yes ☐ No ☐ Historical
Parent/Child Conflict	☐ Yes ☐ No ☐ Historical	Authority Conflicts	☐ Yes ☐ No ☐ Historical
Sexual Abuse Trauma	☐ Yes ☐ No ☐ Historical	Y.O.A. (On Probation)	☐ Yes ☐ No ☐ Historical
Eating Disorder	☐ Yes ☐ No ☐ Historical	Sexual Perpetrator	☐ Yes ☐ No ☐ Historical
Other:			

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Please provide comment on areas marked Yes			
Medical Concerns:			
Allergies:			
Please List Any Known Behavioural Triggers for the Applicant and associated strategies to manage.			
Previous Psychometric and/or Educational Assessment(s)			
Date	Type	Source	
Comments/Results			
Outside Agencies Involved			
Agency	Date	Intervention Used	Comments/Results
School History of Interventions **(Include documentation of strategies, personnel and resources that have been employed in the past)**			
Date Implemented	Duration	Program Description	Results of Interventions
Goals (please list the top 3 goals for the upcoming school year from the Caregivers perspective)			
1.			
2.			
3.			
Goals (please list the top 3 goals for the upcoming school year from the Clients perspective)			
1.			
2.			
3.			

Copy of IEP attached (if applicable): ☐ Yes ☐ No

Copy of Immunizations attached: ☐ Yes ☐ No