

Dockery's Connective Learning

Individualized, Connections, Tutoring

Family Information:

Mother's Name: _____

Address: _____

Phone: _____

Email: _____

Work: _____

Preferred Method of contact: Phone Text Email

Father's

Name: _____

Address: (If different) _____

Phone: _____

Email: _____

Work: _____

Preferred Method of contact: Phone Text Email

Siblings and their age:

Custody Arrangement (if applicable)

Is there a history of educational disabilities in the family?

If so please list relation and disability

Who Can pick up the student? Who can we share information about the session with?

Name & Phone Number	Pick up	Share Information

Student Information:

Student Name: _____

Age: _____ Grade: _____ Birthday: _____

School: _____

What hand do they write with? _____

Has the student been retained? If so, what grade?

Extrar Curiculers the student is involved in:

Interest/Hobbies:

Medical Information (Allergies):

Educational Diagnosis:

Describe you student:

Describe your students struggles (your concerns):

Other services they receive in school and outside of school.

***If they have received the service in the past but been released please note.

Service - Provider	In-school	Outside Service
OT		
PT		
Speech		
Behavior/ABA		
Feeding		
Other		
Other		

Services:

What services are you interested in?

What days and times work for your family?

How did you hear about us?
