

CHILD INFORMATION

Last name		First name		Middle initial
DOB (mm/dd/yyyy)		Age	Gender M F	Daytime phone
What is your child's diagnosis?			Name of diagnosing physician	
When was your child diagnosed?			What were the main reasons for seeking out an evaluation?	
What is the name of your child's current school?		Dates attending	What is the educational approach of this school?	
Contact	Phone	Address		

PARENT/GUARDIAN INFORMATION

Mother's name/Legal guardian		Email		
Home address				
Phone numbers		HOME	CELL	
Occupation/Title			Employer	
Father's name/Legal guardian		Email		
Home address				
Phone numbers		HOME	CELL	
Occupation/Title			Employer	
Marital status (Circle all that apply.) Married Separated Divorced Single Widowed			Child lives with (Circle all that apply.) Mother Father Other	

SIBLINGS and EXTENDED FAMILY

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

FUNDING SOURCE: What is the Insurance company or district responsible for funding the ABA interventions?

QUESTIONS ABOUT YOUR CHILD

What would like us to know about your child?

What communication skills does your child currently have? (Does your child communicate using vocal language, Picture Exchange, Augmentative device, etc.? Describe how he/she gets needs met.

What behavior challenges does your child exhibit?

Does your child have any nutritional needs? (diets, allergies, etc.)

Please describe any medical or physical concerns.

REQUEST FOR SERVICES

What services are you seeking? (Are you seeking a full ABA home program with a team? Behavior consultation for parent training/support? A partial home program? Please describe.

Please describe the services already in place.

How did you hear about Learners' Compass?

Funding source: Please specify the insurance or the school district.

ADDITIONAL RELEVANT INFORMATION

Please list any other related information you would like us to know and consider regarding services.

Signature of Applicant

Date

(By typing your name and e-mailing the completed application to a Learners' Compass, LLC representative, you are indicating your acceptance of this certification.)

Please send the complete application to :

Learners' Compass

Send to: 400 Tenafly Road, #1092, Tenafly, NJ, 07670

Or

Email to: info@learnerscompass.com / Fax to 800-458-2634

If you have any questions, please contact us at 201-777-4557

Visit us: www.learnerscompass.com