

**REACH Educational Services**  
115 Sandwich Street Suite #5  
Plymouth, MA 02360  
508-747-1556

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**GENERAL INFORMATION:**

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Primary Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mom's Work Number: \_\_\_\_\_ Mom's Cell Number: \_\_\_\_\_

Dad's Work Number: \_\_\_\_\_ Dad's Cell Number: \_\_\_\_\_

Siblings Names & Ages: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

**CHILD'S DIAGNOSIS:** (check all that apply)

- Asperger's Syndrome    PDD    Autism    Obsessive-Compulsive Disorder
- Non-Verbal LD    Tourette's Syndrome    ADD or ADHD    Anxiety or Phobias
- Bi-Polar    Communication Disorders    Developmental Delay    Down Syndrome
- Learning Disabilities    None
- Other (please describe) \_\_\_\_\_

**BEHAVIORAL ISSUES:** (check all that apply)

- Hits    Kicks    Bites    Scratches    Pinches    Tantrums    Yells
- Other \_\_\_\_\_
- Does your child have a behavior plan at school or home?   \_\_\_\_YES   \_\_\_\_NO  
(if yes, please attach copy)

**COMMUNICATION:**

Please describe your child's communication skills/ communication tools used  
(examples: expressive language delay/level, receptive language delay/level, non-verbal,  
speaks in one-word sentences, at age level, uses voice output device, PECS, etc)

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**GOALS:**

Please state your goals for your child \_\_\_\_\_

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**INTERESTS:**

What are your child's favorite topics/ areas of interest? \_\_\_\_\_

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**OTHER:**

Any other information you would like us to know \_\_\_\_\_

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**HOW DID YOU HEAR OF US?:**

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**MEDICAL:**

Does your child have any medical issues? Please list: \_\_\_\_\_

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Does your child have any allergies? Please list: \_\_\_\_\_

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Does your child take any prescription medications? Please list: \_\_\_\_\_

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In the event of a medical emergency, I give my permission for the staff of REACH Educational Services to seek treatment and/release information to appropriate medical staff regarding my child.

\_\_\_\_\_

parent signature

\_\_\_\_\_

date

Medical Insurance Company \_\_\_\_\_ Name of Subscriber \_\_\_\_\_

Policy number \_\_\_\_\_

Group number \_\_\_\_\_

**PHOTOGRAPH / VIDEOTAPE RELEASE:**

Reach Educational Services uses photographs and videotaping for the following reasons: to create social stories, scrapbooks, and educational lessons; to educate the community at workshops or lectures; in advertisement (without using identifying information). Please sign **one** of the consent levels below.

**OPTION 1** - I authorize consent for photographs / videotapes for educational lessons, social stories and scrapbooks only.

\_\_\_\_\_

parent signature

\_\_\_\_\_

date

**OPTION 2**- I authorize consent for photographs / videotapes for educational lessons, social stories, scrapbooks, and to educate the community at workshops or lectures.

\_\_\_\_\_

parent signature

\_\_\_\_\_

date

**OPTION 3**- I authorize consent for photographs / videotapes for educational lessons, social stories, scrapbooks, to educate the community at workshops and lectures, and advertisement.

\_\_\_\_\_

parent signature

\_\_\_\_\_

date