SOARING SKILLS LLC

CLIENT INTAKE FORM

608-306-0859 • 608-632-6790 • soaring.skills.wisconsin@gmail.com

Welcome to Soaring Skills! Please help us get to know your family by filling out the information below — it helps us support your child well from day one.

CLIENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH

AGE	ADDRESS

PARENT / GUARDIAN INFORMATION (IF APPLICABLE)

GUARDIAN 1

LAST NAME	FIRST NAME

ADDRESS

PHONE NUMBER	EMAIL ADDRESS

BEST WAY & TIME TO REACH YOU

GUARDIAN 2 (IF APPLICABLE)

FULL NAME	PHONE NUMBER	EMAIL ADDRESS

SERVICES INFORMATION

COUNTY OF SERVICE	PROGRAM (CCS / CLTS)

CASE MANAGER	POINT OF CONTACT FOR APPOINTMENTS

CLIENT STRENGTHS, CHALLENGES & GOALS

Please share 3 strengths and 3 challenges for your child, along with any skills or goals you're hoping your child will gain from working with Soaring Skills.

3 STRENGTHS

-
-
-

3 CHALLENGES

-
-
-

SKILLS OR GOALS YOU'RE HOPING YOUR CHILD WILL GAIN

-
-
-

MEDICAL, MENTAL HEALTH & DIAGNOSIS

Please share any diagnoses we should know about.

DIAGNOSES

Does the client have any allergies, including food allergies? If your child has a food allergy, you may be asked to pack your child's lunch.

ALLERGIES

Please list any medications the client currently takes, what they're for, and the dosage and schedule (how and when they're taken).

MEDICATION	REASON FOR TAKING	DOSAGE & SCHEDULE (HOW / WHEN)

EDUCATIONAL INFORMATION

SCHOOL ATTENDED	DOES THE CLIENT HAVE AN IEP OR 504 PLAN?

Does the client have a behavior plan at school? If so, please attach a copy and tell us a bit about it below.

BEHAVIOR PLAN DETAILS

LEGAL / LAW ENFORCEMENT HISTORY

Has the client ever had a juvenile sanctions or law enforcement referral? If so, please share the details below.

DETAILS

CCS / CLTS GOALS & OUTCOMES

What goals or outcomes would you like Soaring Skills to work on with the client?

GOALS & OUTCOMES

ADDITIONAL INFORMATION

Anything else that would help us get to know the client and support their success?

ADDITIONAL NOTES

FORM COMPLETION

COMPLETED BY (NAME & RELATIONSHIP TO CLIENT)	DATE