Center for Counseling and Education, LLC

Group Program

	First		Last	M.I.
Address:				
Street a	nd Number	City	State	Zip
Date of Birth:	//	_ Age:Gra	ıde:	
Parent/Guardian	Names:			
Home Phone:		Cell Phone	2:	
Do we have your yes	-	o call the above nu	umbers?	
			:(
Do we have your yes	•	o leave a message	if necessary?	
yes	10			
Parent/Guardian	Email addres	s:		
Lacii week we w	vill send an en	nail reminder abou		
the lesson and a		nail reminder abou		
		nail reminder abou		
he lesson and a	ctivities).	nail reminder abou	ut group as well as	a handout of
the lesson and a Emergency Cont	ctivities). act Name:		ut group as well as	a handout of
the lesson and a Emergency Cont	ctivities). act Name:		ut group as well as	a handout of
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The lesson and a Emergency Cont Phone: Allergies (please	ctivities). act Name: list ALL):	Relationship	ut group as well as	a handout of
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The lesson and a Emergency Cont Phone: Allergies (please	ctivities). act Name: list ALL):	Relationship	ut group as well as	a handout of
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The lesson and a Emergency Cont Phone: Allergies (please	ctivities). act Name: list ALL):	Relationship	ut group as well as	a handout of
 The lesson and an antipactive descent of the second of the	ctivities). act Name: list ALL): ons (please lis	Relationship	to child:	a handout of
The lesson and an Emergency Cont Phone: Allergies (please Dietary Restriction	ctivities). act Name: list ALL): ons (please lis nave any med	Relationship	to child:	a handout of

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If yes to either, please list and	ons?yesno d describe:
	······
Is your child toilet trained? _	yesno
-	nce when using the bathroom?yes no d's group facilitator. We may require that you ng your child's group.
Does your child have anxiety none mild	
How does your child do acad below average	emically? _averageabove average
How does your child get alon	g with peers?
below average	_averageabove average
Does your child have an I.E.P	.?yes no
Has your child had any specia If yes to either, please descri	al testing or evaluations in school? yes no be:
Does your child have any con	nmunication or language challenges?
yes no If yes, please specify:	
	r child currently in counseling?yesno

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±۰		
2		
3		
List three areas tha	at need improvement for your child:	
3		
Briefly describe you	ur child's interests, hobbies and/or activities:	
What are your goal	Is for this group?	
	lse you would like us to know about your child to help	us in our
	lse you would like us to know about your child to help	us in our
work together?	schedule a parent feedback session to learn more abo with and benefits from the group? yes	ut how
work together?	schedule a parent feedback session to learn more abo with and benefits from the group? yes	ut how
work together? Would you like to s your child interacts If yes, what is your	schedule a parent feedback session to learn more abo with and benefits from the group? yes	ut how _ no
work together? Would you like to s your child interacts If yes, what is your The name of the gr	schedule a parent feedback session to learn more abo with and benefits from the group? yes availability?	ut how _ no