If the client is a child, please duplicate this form so that the parent and child complete it separately.

Treatment Client Profile

Client's Name: _____ **Date**: _____

Who is completing this form? _____

Please rate the following areas with '1' being the least concern to '5' being the greatest concern.

Reading: 1 2 3 4 5 Specific Examples: _____

_____

_____

Writing: 1 2 3 4 5 Specific Examples: _____

_____

_____

Spelling/Copying : 1 2 3 4 5 Specific Examples: _____

_____

_____

Math: 1 2 3 4 5 Specific Examples: _____

_____

_____

Auditory: 1 2 3 4 5 Specific Examples: _____

_____

_____

Coordination: 1 2 3 4 5 Specific Examples: _____

_____

_____

_____

Ability to Focus: 1 2 3 4 5 Specific Examples: _____

_____

_____

Social: 1 2 3 4 5 Specific Examples: _____

_____

_____