



Skills
Development
Center

Client Information Sheet

Client name: _____

Gender: _____

Preferred name: _____

Age: _____

Date of Birth: _____

COMMUNICATION

Verbal Ability: _____

Additional communication tools: _____

SOCIAL INFORMATION

Preferred independent activities: _____

Preferred social activities: _____

Favorites (TV shows, characters, toys, music, movies, etc—please be specific):

DIETARY ISSUES

Food preferences: _____

Food limitations: _____

BEHAVIORAL ISSUES

Behaviors that may appear if upset or frustrated: _____

Recommended calming techniques: _____

Specific behaviors or idiosyncrasies we should be aware of: _____

Known inappropriate behaviors: _____

Form filled out by: _____

Date: _____