

The Ely Center, LLC
Specializing in Social Communication

Contact Information

Child's Name: _____ DOB _____

Address: _____

School: _____ Current Grade Level: _____

Parent(s) name(s): _____

Email address: _____

Home Phone: _____ cell _____

Referred by: _____

Diagnosis: (most recent) _____

Any known food allergies or dietary restrictions? _____

Wish List

Date Completed: _____

What three things would you and your child like to improve upon most?

1. _____

2. _____

3. _____