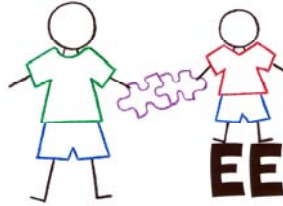


# Exceptional Expectations, L.L.C.



Helping families put together the pieces.

## Client Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last, First Middle MM/DD/YYYY

Diagnosis: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
Street No./P.O. Box Apt./Ste./Bldg City State Zip-code

Major Cross-streets: \_\_\_\_\_

Phone: h \_\_\_\_\_ w \_\_\_\_\_ c \_\_\_\_\_

Email address: \_\_\_\_\_

School Information: School Name: \_\_\_\_\_ Grade \_\_\_\_\_

Type of Classroom: \_\_\_\_\_  
(Mainstream classroom, Inclusion Classroom, Self-Contained, Special program, etc.)

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Exceptional Expectations? \_\_\_\_\_

Days / Times needed for Services:  Habilitation  Respite  Habilitation Communication

Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date Form Completed

Office Only: Date Form Received: \_\_\_\_\_ by \_\_\_\_\_ Action: \_\_\_\_\_