

Thank you for choosing Applied Success Coaching© (ASC). Please review and complete the following information. We have streamlined our documentation process. Therefore, what remains is absolutely essential as we move forward. Please complete this information with as much detail as possible. Feel free to contact us with any questions.

*\*These forms are intended for clients that are under 18 and were the parents will be completing the forms on behalf of their child.*

**Please return these forms at least 1 day before our first appointment. You may email, mail or drop them off.**

**Minor Child**  
**CLIENT INFORMATION**

Client Personal Information			
Name:		DOB:	
Address:	City:	State:	
School (if any): Location:			Grade:

Parent Information		
Parent's/Guardian's Name:		Phone Number:
Address: (if different from above)	City:	State:
Parent's/Guardian's Name:		Phone Number:
Address: (if different from above)	City:	State:

Medication Chart		
Current Medication	Dosage	Please note if there are any side effects experienced.


Physician Information	
Name of General Physician:  Does this M.D. prescribe medication?	Phone#:
Name of Psychiatrist (if applicable):  Does this M.D. prescribe medication?	Phone #:

Medical History
Please include any medical diagnosis and/or significant medical history.

School History		
Attended Preschool	<input type="checkbox"/> Yes <input type="checkbox"/> No	Favorite subject(s)
Private or School District?		Least favorite subject(s)
Makes Friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe any school related concerns:          What is going well at school?
Sat in Circle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interested in learning alphabet/numbers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wrote Name	Age:	
Wrote alphabet	Age:	
Has difficulty reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has difficulty with writing legibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Has difficulty staying organized	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has difficulty completing homework	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have an IEP/504?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to provide the IEP/504?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Child's/Teens Motivations/Interests</b>
Please describe what motivates your child and list their interests.

<b>What is Working?</b>
Please describe strategies/interventions that have worked in the past or are currently working.

<b>Parental Concerns</b>
Please describe your concerns.

<b>Parental Intentions and Goals</b>
Please describe what you hope to gain from this coaching experience.

**CONSENT TO RELEASE/SHARE INFORMATION**

I give permission for Applied Success, Inc. to exchange information regarding my minor child \_\_\_\_\_, with the following entities.

Name	Type of Provider (MD, ABA, School Admin, etc.)	Phone Number	Email

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Scheduling and Appointment Cancellation Policy**

We will schedule our sessions in advance for each 3 month block. The accountability calls can be arranged for the week prior as move through the program. Applied Success, Inc. recognizes that life events happen and appointments may require rescheduling. We ask that you provide a 24 hour notice for all cancelled coaching appointments. If you do not provide a 24 hour cancelation notice, there may be a \$50.00 fee charged to your account. If you have pre-paid for services, the missed appointment will be forfeited. If there is an exceptional circumstance, please discuss the matter with your coach. For the accountability calls, please cancel with a minimum of a 1-hour notice. If this request is honored, the accountability call may be rescheduled.

\_\_\_\_\_ Initial

### **Payment and Fees**

You may pay in full, at the onset of each block, which offers a discounted rate, make monthly payments or buy individual hourly sessions. All payment options require payment be made prior to services being provided. For monthly plans, your payment will be due on the same date of the month for which your first coaching appointment occurs. For example, if your first appointment occurs on March 3, then you will make your first payment March 3 or before, and moving forward you will have a payment due April 3 and May 3, as well. If you would like to discuss a specific monthly payment date, that is easily arranged, but please make sure to discuss that at the beginning of each coaching block. Once services are paid, no refund will be offered.

           Initial