

SOARING EAGLE ACADEMY

FAMILY INFORMATION

Student's Name: _____ DOB: _____ Dx: _____

Parents Name: _____ Date Form Submitted: _____

Address: _____

Phone Number: _____

E-mail Address: _____

School District/School Attending: _____

Does your district tuition students to ISBE accredited private schools? _____

General Philosophy of School Program: _____

Are you currently using a Developmental, Individual Difference, Relationship (DIR®)/Floortime Based Approach? YES NO

If you are using a DIR®/Floortime Approach, then please list the therapists that are working with you and your child.

How long have you been using a DIR®/Floortime Approach? _____

If you are not using a DIR®/Floortime Approach with your child, then could you please explain your current home/therapy program? Please list therapists' names. (Please use back of form if needed) _____

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