

PROGRAM REVIEW

CLIENT'S NAME _____ AGE _____ CHAPTER _____
 PARENTS OR SPOUSES NAME(S) _____
 ADDRESS _____ PHONE (_____) _____
 CITY _____ STATE _____ COUNTRY _____ ZIP _____
 CELL (_____) _____ EMAIL _____
 TODAY'S DATE _____ DATE OF LAST EVALUATION _____ LAST EVALUATION DONE BY _____

1. How happy have you been with your current program on a scale of 1-10? _____
 How would you rate the results you have seen on a scale of 1-10? _____
 What specific changes are you seeing? _____

2. Are you currently using the services of a nutritional or holistic practitioner? Yes No
 If yes...
 Name or clinic _____
 Address _____
 Telephone _____ How long have you been utilizing these services? _____
 What is the client's current health status? _____

3. List any medications and what they are prescribed for, as well as any dietary supplements which the client is receiving:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

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4. Indicate any specific diet, or dietary limitation:

5. List any specific health problems that have occurred since the last evaluation:

Seizure Disorder _____

6. Please list specific doctors and therapists with whom you are presently working:

<u>Name</u>	<u>Area of attention</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Indicate schools being attended, class, classifications, etc., and/or employment or status:

8. What percentage of the client's total program has been accomplished since the last evaluation? _____
(Example: if your program has 10 activities with frequencies of 4 and you generally get in 2 sequences a day, your percentage would be 50%. If you are only getting these 2 sequences accomplished 4 days per week, your % would be 40%)

9. Are there any parts of the program that you have not been able to accomplish?

10. Please make specific comments in each of the following areas; include changes, concerns, difficulties, etc.

a. Tactility: _____

b. Auditory function: (Digit Span _____ Reverse Digit Span _____) _____

c. Visual function: (Digit Span _____ Reverse Digit Span _____) _____

d. Manual function: _____

e. Language: _____

f. Mobility _____

g. Behavior: _____
