

Gender: — Age:

Client:

Last Name:

Parent Name:

Last Name:

Address:

City:

Postcode:

State:

H.tel:

W.tel:

Email:

M.tel:

School:

Notes:

Presented problem:

- Dyslexia
- Dyspraxia
- ADD/ADHD
- Handwriting
- Maths
- Aspergers

Read the book

Enquiry date:

Via

Source

Responded via: —

Date:

Sent info Followed-up

Contacted by:

Referred to:

Assessment: Request Offered:Date/time: Confirmed

Ass. Result: — Note:

Programme: Requested Scheduled:

Offer sent Followed up Deposit paid Prog. Paid Agr. Sign.
 Conf. Sent Prog. Started Prog. Compl.

Claying club: —

Rev. Sess.:

Done Trigger words

Memory:

Locations / directions: 0
Experiences / events: 0
Information / facts: 0
Sequence of events: 0
Appointments: 0
Sequence of numbers: 0

Articulation:

Talking: 0
Writing: 0

Maths:

Counting: 0
Adding: 0
Subtraction: 0
Multiplication: 0
Division: 0
Story problems: 0
Algebra, geometry: 0
Checking change: 0

Telling time:

Analog clock / watch: 0
Digital clock / watch: 0
Estimating time: 0
Using calendar: 0

Relationships:

Friends: 0
Teachers: 0
Parents: 0
Other adults: 0
Siblings: 0
Other children: 0
Spouse: 0
Own children: 0

Creativity:

Drawing: 0
Painting: 0
Sculpting: 0
Woodworking: 0
Fixing things: 0
Cooking: 0
Sewing: 0
Creative writing: 0
Storytelling: 0
Drama/role play: 0
Singing: 0
Musical instrum.: 0
Other: 0
Other: 0

Other:

Reasoning: 0

Imagining: 0

Reading: 0

Spelling: 0

Handwriting: 0

Filling out forms: 0

Following a map: 0

Coordination:

Riding a bike: 0

Driving: 0

Tying shoelaces: 0

Tennis: 0

Cricket: 0

Football/soccer: 0

Basket/netball: 0

Rugby: 0

Skiing: 0

Swimming: 0

Walking/hiking: 0

Jumping: 0

Running: 0

Dancing: 0

Typing: 0

Other: 0

Health:

Vision: 0

Hearing: 0

Sleep/rest: 0

General health: 0

Conditions:

Asthma: —

Allergies: —

Headaches: —

Dizziness: —

Drug dependence: —

Alcohol dependence: —

Bed wetting: —

Seizures/epilepsy: —

Other: —

Other condition: —

Emotions:

Short fuse: —

Violent temper: —

Cry frequently: —

Laugh frequently: —

Tantrums: —

Self confident: —

Hide true feelings: —

Like working w. clay: —

Client:

Completed:

- Goal 1: 0%
- Goal 2: 0%
- Goal 3: 0%
- Goal 4: 0%
- Goal 5: 0%
- Goal 6: 0%
- Goal 7: 0%
- Goal 8: 0%

Tested for dyslexia?:	—	Where:		Results:
Treatment?:	—	Where:		For what:
Comment:				
Eyes tested recently?:	—	Need Glasses?:	—	Hearing tested?:
Behaviour difficulty?:	—	Medication/dose:		
Mental illness?:	—	Condition/treatment.:		
Dominance hand?:	—	Dominance foot?:	—	Dominance eyes?:
Object visualised:				Shape:
Change of perspective:	—	Speed:	—	Crossing midline:
Notes:				
Aware of problem?:	—	Wants solution?:	—	Recommendation

O.C. or alignment:

—

Fine tuning

Reading For disorientation:

Notices d.o. Re-focuses Recogn. Triggers

Release:

Dial:

Koosh:

Changes noted in:

Reading Handwriting Speech Motor skills Appearance

Upper case Alphabet:

Make Refine

Mastered: Forward Backwards

Lower case Alphabet:

Make Refine

Mastered: Forward Backwards

Letter sound pronunciation:

Punctuation:

Usage

Reading exercises:

Spell r. Sweep-sweep P. at punctuation

Dictionary:

Alphabetical system Decoding pronunciation

Look up written words Spoken words Best time: Sec.

Create a word:

Noun:

Verb:

Word created:

Auditory orientation and fine tuning:

Orientation fine tuning:

UPPER CASE



Client:

- A:
- B:
- C:
- D:
- E:
- F:
- G:
- H:
- I:
- J:
- K:
- L:
- M:
- N:
- O:
- P:
- Q:
- R:
- S:
- T:
- U:
- V:
- W:
- X:
- Y:
- Z:

Lower Case



Client:

z:

y:

x:

w:

v:

u:

t:

s:

r:

q:

p:

o:

n:

m:

l:

k:

j:

i:

h:

g:

f:

e:

d:

c:

b:

a:

Client:

Parts of
speech:

- Noun Pronoun Adjective Verb
 Adverb Conjunction Interjection Preposition

Grammar:

- 1st p. 2nd p. 3rd p. Singular Plural
 Masculine Feminine Neuter Subject Object Possessive
 Handwriting Print
 Cursive

Triggers word
mastery:

- Client recognises words as triggers.

Word
mastered:

Comment:

Self Change Consequence Before

After Cause Effect Time (clock)

Time (calendar) Sequence Order Disorder

Order exercise

Maths
exercises:

1. count 2 .establish order 3. add and subtr.

4. Count in multiples 5. Count backw. in multiples 6. Multiplication

7. Functional definition of Maths 8. Division 9. Quantity less than 1

10. Arithmetic function symbols 11. Numerals, zero, and place value

12. Arithmetic with a pencil

Sense of direction Telling time Counting money Headaches

Bed wetting Other:

Notes:

Support
person/s:

Progr. results Mastery schedule

Orientation maintenance Koosh balls Reading exercises

Symbol mastery Book a review session

Can you turn off
disorientation?:

—

How?:

How can you be
sure you are
focused?:

How can you tell
you are not
focused?:

What are some of
the things you
know that can
make you lose your

How do you master
a symbol or a
word?:

Why is it important
to master a symbol
or a word?:

What changes
have you noticed
about yourself
since we started
working together?:

What do you need
to do when you
lose your focus?:

Agreement about follow-up work

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Spell-reading Minutes: —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweep-sweep Minutes: —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picture at punct. Minutes: —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine-tuning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Koosh or darts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trigger words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of trigger words to do each week:

Note:

Client:

Facilitator: