

Client Information Sheet

**Please fax to (847) 377-9497 or mail to IEP Experts, 790
Frontage Road, Suite 328, Northfield, Illinois 60093**

Client Name(s), Birthday & Grade:

Physician(s) Name & Phone Number:

Parent Name(s):

Address & Home Phone:

Psychologist(s)/Psychiatrist(s)/Therapist(s)
Name & Phone Number:

Parent(s) Phone & E-Mail
(Name/Cell/Work):

Client(s) School(s) & Phone Number(s):

Phone (Client(s) Cell) & E-Mail:

Teachers Names & Subject (E-Mail or
Additional Phone if Available

Additional Information (i.e. Academic Performance, School Functioning, Social Issues,
Medication, Siblings Name(s), Family Relationships):