הילדים שלנו
ניתן להם להצליח
בהכוונת הגאון ר' ישראל גואלמן שליט"א

Registration (Intake)

Overview

Personal Information

Name:	ID	Telephone:	Tel. at home:	Age:

Mail:	Place of study:	Date of birth:

Num. siblings ____	His/her position in the family _____	Age of the youngest ____	Age of the eldest ____	Num. of married siblings ____	Filling date:
					Married Parents: ☐ Yes ☐ No

Address:	WHO: ☐ Leumit ☐ Maccabi ☐ Klalit ☐ Meuhedet ☐ None | Extra Insurance/other:
About **the father**:	
About **the mother**:	
About **the siblings:**	
How did you hear about us:	

Background (How was it in the past)

What bothers you the most/you want to improve today

Development

☐ Complicated childbirth	Specify:
☐ Delayed development	Specify:

Age of first words:		First sentences:		Specify:

☐ Received paramedical treatments such as: physiotherapy, hydrotherapy, occupational therapy/speech therapy, etc.

Specify:

☐ Medical problems in the past/present	Specify:

Food sensitivities: ☐ Milk ☐ White sugar ☐ Any sugar ☐ Flour ☐ Other:

Light/Sound/Touch Sensitivity: ☐ Excessive ☐ Low	Bedwetting: ☐ Yes ☐ No ☐ Sometimes	Hours of sleep:	

How many nutritious meals a day ____	Specify:

Indicate: (1) Not at all (2) Little (3) Yes (4) A lot			Doesn't like riding a bike		
Motor clumsiness			Difficulty falling asleep		
Lots of energy			Superficial Comprehension		
Shallow sleep			Wake-up struggles		
Forgetful			Problems with vision / focus		

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Effect of Medications Taken (1) None (2) Little (3) Enough (4) A Lot

Medication	Dose	Beginning	End	Helps (1-4)	Spoils (1-4)	Notes (Side Effects and Effectiveness)

Learning area (1) Above Average (2) Average (3) Slightly Below Average (4) Well Below Average

Subject	Note	Specify	Subject	Note	Specify
Reading			Gemara/Mishnah/Chumash		
Reading comprehension			Pays attention to teacher		
Writing			Organization		
Spelling			Always busy while in class		
Language			Motivation		
Crafts			Answers related to the issue		
Mathematics					

Social area (1) Not at All (2) A Little (3) Yes (4) A Lot/Very

Domain	Note	Specify	Domain	Note	Specify
Issues with Friends/Teachers/Parents			Messy		
Friends don't come home			Competitive		
Issues with body/nonverbal language			Unable to say no (limits)		
Freezes in social situations			Victim of bullying		
			Difficult Behavior		

Emotional area (1) Not at all (2) Little (3) Yes (4) A lot/Very

Domain	Note	Specify	Domain	Note	Specify
Shy			Non-Flexible Mind		
Perfectionist			Low self-esteem		
Violent			Tendency to fear		
Hypersensitivity			Depressive		
Social anxiety			Explosive		
Anxiety about the future			Very active		
Anxiety about things, animals, etc.			Finds it difficult to delay gratification		

Additional Notes:

Treatment and supervision are by Mrs. Deborah Esayag (Clinical Psychologist) in the Hayeladim Shelanu organization. Guaranteed Confidentiality - I ask the organization for assistance for my child and hereby give permission to transfer, if necessary, medical, paramedical, educational, and/or developmental material to therapists or authorized entities if necessary. I am aware that the treatment is not always effective for all persons, and I agree not to sue and/or damage the rights of "Hayeladim Shelanu" or any person on its behalf for any reason.

Signature ____________________ Name _______________