



Sharon E. Sokolik and Associates, LLC

Providing Educational Advocacy-Promoting Communication Competency

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Information Form 2019-2020

Date: _____

Child's Full Name and Nickname:	
Date of Birth:	
Address:	
Grade/ School Name:	
Current diagnosis? Please list:	
Any special services? Please list:	
Parent 1 Name:	
Address (if different)	
Home/Cell:	
email:	
Parent Name:	
Address (if different)	
Home/Cell:	
email:	
Best Days and Times Available	
Areas of Concern	