

**The Hope Source Center for Dynamic Minds
Application for RDI® Program Three Month Trial**

Parents' Names _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

What are your short term goals for your child?
What are your long term hopes for your child?
What treatments are you currently involved in?
What is your knowledge of the RDI Program?
What do you hope to accomplish with RDI?
What is the status of your family relationships? (Spouse, Siblings, Extended Family)
Is there a difference of opinion among family members over if problems exist or what needs to be done?
If your child is over 10, does he/she know and understand his/her diagnosis?
If you and your child made progress during the trial, what would prevent you from continuing?
What has your experience with professionals been like since the diagnosis?

When are both parents most available for a initial consultation? _____

Home Phone _____ Cell Phones _____

Emails _____