

4. Although capable of handling stress, this client demonstrated specific ability (pregnancy, sports stress, and college stress). He has sought assistance from his school counselor, even though he was referred to vocational counseling as a recommendation; he understands the concerns and choices ahead of him. It should also be noted that the subject stated that he has been able to choose in other decisions in his life with guidance.

a. Recommendations: The client typically handles stress in an acceptable manner. His skills and abilities in these areas of stress and will power should be maximized and built upon.

5. Client has complained about pain in his knees.

a. Recommendation: Client will complete a full physical assessment to indicate if there are any medical conditions that may need to be addressed. Client will also seek medical programming from the college choices that he has.

*Mindy Elliott MA LPCA*

Counselor Signature

*Jeff Clarke Parent Jeff Clarke*

Client Signature

*11-11-08*

Date



**FIELDS OF DREAMS  
2342 CHOICES WAY  
MAYSVILLE, KY 41056  
1-606-584-8988**

**"IT'S ALWAYS GAME TIME, WHEN IT IS YOUR FUTURE AT STAKE"**

### **PERMISSION FOR TREATMENT**

**PERMISSION IS HEREBY GIVEN TO THE STAFF OF FIELDS OF DREAMS TO RENDER TREATMENT AND/OR SERVICES TO MYSELF AND MY FAMILY.**

**I HAVE BEEN ADVISED THAT ALL OF THE COST OF MY SERVICES WILL BE PAID FOR BY A GRANT THROUGH THE CONTINUING EDUCATION ACT AND THAT PERTINENT INFORMATION WILL BE RELEASED TO THE STATE FOR SURVEY PURPOSES. THIS INFORMATION INCLUDES AGE, SEX, RACE, AND OUTCOMES MEASUREMENT.**

**I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE FIELDS OF DREAMS SERVICE COMPLAINT PROCEDURES AND UNDERSTAND MY RIGHTS SHOULD I BE DISSATISFIED WITH ANY SERVICES REQUESTED OR RECEIVED.**

*Jeff Clarke*

**CLIENT SIGNATURE**

*Vivian Clarke*

**ADULT SIGNATURE IF UNDER 18**

*Misty Elliott MA LPCA*

**WITNESS SIGNATURE**

**DATE:**

*11-5-2008*



**FIELDS OF DREAMS  
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1-606-584-8988**

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### **CLIENTS RIGHTS POLICY**

All clients of FIELDS OF DREAMS are guaranteed the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to be informed of one's own conditions, of proposed or current services, treatment or therapies.
3. The right to consent to or to refuse any service or treatment.
4. The right to a current written plan and the explanation of the services and treatment.
5. The right to active and informed participation in the establishment, review, and reassessment of the plan.
6. The right to confidentiality of communications and of all personally identifying information.
7. The right to be informed in advance of the reasons for discontinuation of services, provision, and to be involved in the consequences.
8. The right to receive and explanation of the reasons for denial of services.
9. The right not to be discriminated against in the provision of services based upon sex, race, age, color, creed, origin, sexual orientation, and disability.
10. The right to be fully informed of all rights.
11. The right to exercise any and all rights without reprisal in any form including uncompromised services.

I certify that I have reviewed and understand the afore mentioned rights and have been given a copy of said right for my personal records. Furthermore, I verify that I have received a copy of service complaint and fully understand my rights should I be dissatisfied with any services received or requested.

**CLIENT SIGNATURE**

*Jeff Clarke*  
*Dianna Clarke*

---

ADULT SIGNATURE IF UNDER 18

Misty Elliott MA SPCA

---

WITNESS SIGNATURE

DATE: 11-5-08

---



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2342 CHOICES WAY  
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1-606-584-8988**

**"IT'S ALWAYS GAME TIME, WHEN IT IS YOUR FUTURE AT STAKE"**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**I HEREBY AUTHORIZE University of Kentucky TO  
DISCLOSE INFORMATION FROM THE EVALUATION, TREATMENT, AND OR  
EDUCATION RECORDS OF Jeffery Clarke, TO THE FIELDS  
OF DREAMS PROGRAM. THE PURPOSE OF THIS DISCLOSURE IS: TO  
COORDINATE THE BEST OUTCOMES FOR CLIENT ON EDUCATION COUNSELING  
WITH SPORTS EMPHASIS. THE PURPOSE OF THIS RELEASE IS: TO AID AND  
TREATMENT OF THE ABOVE SIGNED CLIENT. I UNDERSTAND THAT THIS  
AUTHORIZATION MAY BE REVOKED AT ANY TIME AND THAT THIS  
AUTHORIZATION SHALL EXPIRE (90) DAYS AFTER TREATMENT HAS CEASED.**

Jeff Clarke

CLIENT SIGNATURE

Danna Clarke

ADULT SIGNATURE IF UNDER 18

Misty Elliott MA LPCA

WITNESS SIGNATURE

DATE: 11-5-08



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**"IT'S ALWAYS GAME TIME, WHEN IT IS YOUR FUTURE AT STAKE"**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I HEREBY AUTHORIZE Marshall University TO  
DISCLOSE INFORMATION FROM THE EVALUATION, TREATMENT, AND OR  
EDUCATION RECORDS OF Jeffery Clarke, TO THE FIELDS  
OF DREAMS PROGRAM. THE PURPOSE OF THIS DISCLOSURE IS: TO  
COORDINATE THE BEST OUTCOMES FOR CLIENT ON EDUCATION COUNSELING  
WITH SPORTS EMPHASIS. THE PURPOSE OF THIS RELEASE IS: TO AID AND  
TREATMENT OF THE ABOVE SIGNED CLIENT. I UNDERSTAND THAT THIS  
AUTHORIZATION MAY BE REVOKED AT ANY TIME AND THAT THIS  
AUTHORIZATION SHALL EXPIRE (90) DAYS AFTER TREATMENT HAS CEASED.

Jeff Clarke  
CLIENT SIGNATURE

Diana Clarke  
ADULT SIGNATURE IF UNDER 18

Misty Elliott MA LPCA  
WITNESS SIGNATURE

DATE: 11-5-08



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**"IT'S ALWAYS GAME TIME, WHEN IT IS YOUR FUTURE AT STAKE"**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I HEREBY AUTHORIZE Notre Dame TO  
DISCLOSE INFORMATION FROM THE EVALUATION, TREATMENT, AND OR  
EDUCATION RECORDS OF Jeffery Clarke, TO THE FIELDS  
OF DREAMS PROGRAM. THE PURPOSE OF THIS DISCLOSURE IS: TO  
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AUTHORIZATION SHALL EXPIRE (90) DAYS AFTER TREATMENT HAS CEASED.

Jeff Clarke  
CLIENT SIGNATURE

Diana Clark  
ADULT SIGNATURE IF UNDER 18

Misty Elliott MA LPCA  
WITNESS SIGNATURE

DATE: 11-5-08



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**"IT'S ALWAYS GAME TIME, WHEN IT IS YOUR FUTURE AT STAKE"**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I HEREBY AUTHORIZE Lexington Catholic TO  
DISCLOSE INFORMATION FROM THE EVALUATION, TREATMENT, AND OR  
EDUCATION RECORDS OF Jeffery Clarke, TO THE FIELDS  
OF DREAMS PROGRAM. THE PURPOSE OF THIS DISCLOSURE IS: TO  
COORDINATE THE BEST OUTCOMES FOR CLIENT ON EDUCATION COUNSELING  
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AUTHORIZATION SHALL EXPIRE (90) DAYS AFTER TREATMENT HAS CEASED.

Jeff Clarke

CLIENT SIGNATURE

Donna Clarke

ADULT SIGNATURE IF UNDER 18

Misty Elliott MA LPCA

WITNESS SIGNATURE

DATE: 11-5-08



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**I HEREBY AUTHORIZE \_\_\_\_\_ TO  
DISCLOSE INFORMATION FROM THE EVALUATION, TREATMENT, AND OR  
EDUCATION RECORDS OF \_\_\_\_\_, TO THE FIELDS  
OF DREAMS PROGRAM. THE PURPOSE OF THIS DISCLOSURE IS: TO  
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AUTHORIZATION SHALL EXPIRE (90) DAYS AFTER TREATMENT HAS CEASED.**

\_\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_  
**ADULT SIGNATURE IF UNDER 18**

\_\_\_\_\_  
**WITNESS SIGNATURE**

**DATE:** \_\_\_\_\_



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**WHERE PLAYERS BECOME PROFESSIONALS**

## INTAKE FORM

**Begin:** 2:30pm      **End:** 4:15pm

**Name:** Jeffery Clarke

<b>BASIC</b>									
Address:	678 Newtown Pike	City:	Lexington	State:	KY	Zip:	40502		
Other:		City:		State:		Zip:			
Phone1	859-234-8465	Phone2	859-236-5483	Other names:	Jeffery "the hitter" Clarke				
County	Fayette	Email	jclarke@yahoo.com	Referred? Y	By: Lexington Catholic School				
<b>DEMOGRAPHICS</b>									
Date of Birth:	11/5/1991	Gender:	M	# In HH:	2	Under 18:	yes		
US Citizen?	Y	Immigration status:							
Marital Status:	Single	Ethnic:	African American	Asian/Pacific Islander					
			Bi-Racial XXX	Caucasian					
			Hispanic	Native American					
HS GPA	3.2	College Prep	Yes	College Choices	University of KY Marshall University Notre Dame				
Disability:	No	Clubs	BETA, FBLA, AAU League						
<b>EDUCATION</b>									
HS Diploma or GED?	N/A	Grad Date:	5/2009	Highest Grade Completed 11th					
Have you ever had an IEP?	N	Current?	N/A	District: Lexington					
Strengths/Weaknesses:	Jeffery reports he loves math and science. Jeffery reports that he is not good in reading or social studies.								
Other Training:	Jeffery has attended several camps for football. He is currently ranked 1 in the state for quarterback.								
<b>INCOME</b>									
Please mark yes or no.									
Social Security Disability Income			N	Other types of Disability					N
Supplemental Security Income (Aged)			N	Unemployment Compensation					N
Supplemental Social Security Income (Disabled)			N	Private Relief Agency					N
Temporary Assistance to Needy Families			N	Public Institution Tax Supported					N
General Assistance			N	Annuity or other Support					N
Veterans Disability			N	Other family income					N
Workers Comp			N	Food Stamps					N
Other Public Assistance		Y		MEDICAL CARDS					Y