



Enrollment Application

Social Skills Participant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Parent/Guardian name/s: _____ Phone number: _____ email: _____

Diagnosis: _____

Has this child/adult participated in social skills groups at any time (if yes, dates and location)? YES NO

Does this child receive speech therapy? YES NO

Does this child/adult have an IEP? YES NO If yes, where? _____

Does this child/adult receive additional services? YES NO

If yes, explain: _____

Education

Pre-School: _____ Address: _____

From: _____ To: _____ Speech Therapy? YES NO explain: _____

Primary School: _____ Address: _____

From: _____ To: _____ Speech Therapy? YES NO explain: _____

Middle or High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Services or supports: _____

Previous Therapy or Social Skills Groups

Name of company: _____ Dates: _____
 Focus of therapy: _____ Phone: _____

Name of Company: _____ Dates: _____
 Focus of Therapy: _____ Phone: _____

Strengths and needs

For Preschool Children Only (Ages 3-6): Please describe your child's current level of potty training. If your child has accidents, we ask caregivers to remain in the waiting area to assist in the event of an accident:

Medical History:

Dietary Restrictions: Allergies: _____
 Does your child have a prescription for an Epi-Pen?

Current Medications:

What are your child's strengths?

What are your child's preferred interests?

What are your child's weaknesses related to social interactions?

Please state 3 goals that you would like your child to work on during the social skills groups:

Please state any behaviors that may impact transition into the groups or interactions with peers:

Any other information that you feel will help us when working with your child?

Please check the areas that your child has difficulties:

Joining a group		Initiating a conversation	
Sharing materials with others		Maintaining a conversation	
Waiting for a turn		Appropriate sportsmanship	
Following directions		Accepting help	
Getting along with classmates		Resolving conflicts	
Accepting mistakes		Accepting or giving compliments	

Please check the areas of communication that apply to your child:

Gives monologues		Gives too many details	
Begins to speak about something without background information		Becomes upset when they cannot finish what they were saying	
Has to restart at the beginning if interrupted		Asks repeated questions	
Difficulty making decisions		Only talks about topics that he or she is interested in	
Difficulty listening to other's ideas		Makes inappropriate comments	
Perseverates on topics or situations		Makes inappropriate noises	
Takes things literally		Does not respond to questions	

Please check the areas that may trigger a meltdown for your child:

Bright lights		Loud noises	
Unexpected noises		Different smells	
Being told "NO"		Making a mistake	
Not being first		Losing a game	
Certain characters or topics		Being touched	
Being too close to peer		Large groups	

Please complete the following social skills checklist:

	Often	Sometimes	Rarely
Initiates conversations with others			
Can maintain conversations on topic			
Can end conversation appropriately			
Gives compliments when appropriate to others			
Demonstrates good listening skills			
Body language matches situation and emotion			
Listens and follows directions			
Asks questions to clarify or gain more information			
Asks permission before using another's belongings			
Controls anger with adults and peers			
Accepts No for an answer			
Participates in activities			
Can handle changes in routine or plans			
Tries to dominate conversations			
Focuses on one subject, item or activity for long durations			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Please attach a copy of your child's IEP or 504 Plan. If one is not available, please submit a recent educational or psychological evaluation.

Signature: _____ Date: _____