



## Social Skills Program Application

### Personal Information

Client Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Current Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
Cell \_\_\_\_\_ Additional Cell \_\_\_\_\_  
Person Completing Form \_\_\_\_\_ Relationship to client \_\_\_\_\_  
Referred By \_\_\_\_\_

### Enrollment Information

Type of Group \_\_\_\_\_ Day/Time \_\_\_\_\_  
 Play  
 Social Skills  
 Lego  
 Teen  
 Young Adult  
 Adult  
 Peer Buddies  
 Other \_\_\_\_\_  
Session \_\_\_\_\_

### Background Information

Types of Services Currently Received in School (OT, ST, PT, 1-1 shadow, Behavior Specialist)

Current Education Classification \_\_\_\_\_

Previous Educational Placements \_\_\_\_\_

Behavioral Concerns/Challenges (Please specify) \_\_\_\_\_

Previous types of interventions used \_\_\_\_\_

Communication Abilities

- Non-verbal: unable to communicate verbally, with pictures, or with sign
- Limited verbal ability: can make one to two word utterances or relay basic wants/needs through pictures/sign
- Moderate verbal ability: can speak in simple phrases, use basic communication through picture/sign
- Adequate verbal ability: can engage in conversation, although may not always be socially appropriate

Other information we should know to make the individual more successful in group (e.g. physical limitations, custody issues, etc.) \_\_\_\_\_

Reason for interest in this program \_\_\_\_\_

**Medical Information**

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Seizure Disorder \_\_\_\_\_

Other \_\_\_\_\_

**Funding Information**

Source of Funding

- Private Pay
- School District
- DDD
- Real Life Choices (21+ only)
- Health Insurance (Must be preapproved)
- Other: \_\_\_\_\_

Name of funder (if different from above): \_\_\_\_\_

Address of funder: \_\_\_\_\_

Phone number of funder: \_\_\_\_\_

***Please include the following with this application:***

1. Completed Social Skills Menu
2. Fee Agreement application (signed, with \$100 application fee to Interactive Kids). This fee will be applied to tuition or refunded if an appropriate group does not materialize for your child.

**I certify that all of the above information is accurate.**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**We are looking forward to meeting you!**



## Social Skills Menu

*Directions: Mark items of difficulty for the client. Please place a star next to the three most challenging skills for the individual.*

### Conversational Skills

- Maintaining Appropriate Physical Distance from Others (“Don’t Be a Space Invader”)
- Listening Position
- Tone of Voice (Volume, Pace, Prosody: e.g. Monotone versus “Sing-Song” Tone)
- Greetings
- How and When to Interrupt
- Staying on Topic
- Maintaining a Conversation
- Taking Turns Talking
- Starting a Conversation
- Joining a Conversation
- Ending a Conversation
- Asking Questions When You Don’t Understand
- Saying “I Don’t Know”
- Introducing Yourself
- Getting to Know Someone New
- Introducing Topics of Interest
- Giving Background Information on What You Are Saying
- Shifting Topics
- Talking Briefly
- Editing Sensitive Topics (Avoiding Topics That Upset Others)
- Complimenting

### Cooperative Play Skills

- Initiating Play
- Joining In
- Compromising (Deciding What to Play)
- Sharing
- Taking Turns
- Playing a Game – Getting the Rules
- Playing a Game – Who Goes First
- Playing a Game – Waiting Your Turn
- Dealing with Losing
- Dealing with Winning
- Ending a Play Activity

## Friendship Management

- Informal Versus Formal Behavior (When and With Whom to be Casual versus Formal)
- Respecting Personal Boundaries
- Facts versus Opinions (Respecting Others' Opinions)
- Sharing Your Friend
- Getting Attention in Positive Ways
- Don't Be the "Rule Police"
- Offering Help
- Keeping Secrets and When to "Tell"
- Modesty (Do Not Brag)
- Asking Someone Out on a Date
- Appropriate Touch
- Dealing with Peer Pressure
- Dealing with Rumors
- Calling Someone on the Telephone
- Answering the Telephone

## Emotion Management Skills

### *Self-Regulation*

- Recognizing Feelings
- Keeping Calm
- Problem Solving
- Talking to Others When Upset
- Dealing with Family and Relationship Problems
- Understanding and Dealing with Anger
- Dealing with Making a Mistake
- Trying When Work is Hard
- Trying Something New

### *Empathy*

- Showing Understanding
- Cheering Up a Friend

### *Conflict Management*

- Asserting Yourself
- Accepting No for an Answer
- Dealing with Teasing (and Acts of Aggression)
- Dealing with Being Left Out
- Avoiding Being "Set Up"
- Giving Criticism (in a Positive Way)
- Accepting Criticism
- Having a Respectful Attitude



## Social Skills Group Application Fee Agreement

I \_\_\_\_\_, the funder of \_\_\_\_\_ (Client), understand that I am responsible for a non-refundable \$100 registration fee, which will be credited toward the total balance due on the first day of the session, unless other arrangements have been made in advance. I am also responsible for the remanding balance of the session.

### Funding Information

Source of Funding:

- Private Pay
- School District
- DDD
- Real Life Choices
- Health Insurance (Must be preapproved)
- Other: \_\_\_\_\_

Signature of Funder or Authorized Representative:

Date:

\_\_\_\_\_

\_\_\_\_\_