



SUMMER 2019 REGISTRATION FORM

6 Week Program (June 17-July 26th)

Registration Deadline: June 1st

CONTACT INFORMATION

Student Name: _____ Age: _____ DOB _____

Parent Name: _____ Telephone (Home) _____ (Cell) _____

Address: _____

City/State: _____ Zip Code: _____

Email: _____

Indicate your child's Grade in Sept. 2019 _____ Diagnosis _____

AVAILABILITY

Sessions are 1.5 hours. Please circle all available days/times:

1:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday
3:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday
5:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday

PAYMENT INFORMATION

It is understood that tuition for the summer program is \$990. A minimum deposit of \$500. is due with the completed registration form by June 1st, 2019. The balance is due by June, 18th, 2019. The deposit is only refundable if we are unable to find an appropriate group for your child. TSEB takes checks as well as credit card payments. Please note, on occasion we do videotape students. This is a valuable therapeutic tool that TSEB employs. The videos are used in confidence of the therapy session. Additionally, outings into the community neighborhood are a large part of our program. Parents will be informed well in advance of the planned outings.

Make check payable to:
Think Social East Bay

Amount Enclosed: \$ _____

Signature: _____

Date: _____



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QUESTIONNAIRE

Please answer the following questions about your child:

What are your current concerns about your child's performance at school?

What are your current concerns about your child's performance at home?

If I were to observe your child at school during lunch or recess what would I observe?

If I were to ask his/her classmates to describe your child what would they say?

Describe your child's strengths:



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BEHAVIORS

Please check ALL behaviors that describe your child.

- | | |
|--|--|
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Aloof/internally distracted |
| <input type="checkbox"/> Externally distracted | <input type="checkbox"/> Physically aggressive |
| <input type="checkbox"/> Oppositional | <input type="checkbox"/> Rigid (my way or the highway attitude) |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Verbally aggressive to peers or adults (describe) |
| <input type="checkbox"/> Anxious | |

QUESTIONNAIRE

Please rate your child on a scale of 1 to 5 (5=great performance).

- | | |
|---|---|
| <input type="checkbox"/> Paying attention to others | <input type="checkbox"/> Understanding personal space |
| <input type="checkbox"/> Asking questions about others | <input type="checkbox"/> Participating in a group |
| <input type="checkbox"/> Understanding the feelings of others | <input type="checkbox"/> Accurately identifying facial expressions |
| <input type="checkbox"/> Showing empathy | <input type="checkbox"/> Accurately identifying body language |
| <input type="checkbox"/> Listening | <input type="checkbox"/> Greeting others |
| <input type="checkbox"/> Doing homework | <input type="checkbox"/> Participating in a conversation |
| <input type="checkbox"/> Turning in homework | <input type="checkbox"/> Quantity of information provided |
| <input type="checkbox"/> Keeping backpack organized | <input type="checkbox"/> Adding relevant comments to a conversation |
| <input type="checkbox"/> Keeping school desk organized | <input type="checkbox"/> Apologizing |
| <input type="checkbox"/> Taking responsibility for self | <input type="checkbox"/> Asking for help |
| <input type="checkbox"/> Understanding consequences | <input type="checkbox"/> Personal problem solving |
| <input type="checkbox"/> Doing chores | <input type="checkbox"/> Compromising and/or negotiating |
| <input type="checkbox"/> Understanding what people mean
by what they say | |



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LETTER / PHOTO

*All **clients**, please write a brief letter describing your child and enclose a photo of your child. If you are a **returning client**, only include a letter if there are changes you would like us to keep in mind.*

Please include the following areas in your letter:

- Your child's strengths and challenges related to functioning in the social world
- Describe his/her interactions with peers
- Describe his/her awareness of their challenges (e.g., Are they aware of how others perceive them, do they think that they are perceived as "different" from their peers?)
- How well does he/she understand that his/her actions and words affect others?
- How does he/she respond to every day problems, such as changes in the schedule, peer conflicts, etc.

Please note: This is a 6 week summer program. We meet once a week for 1.5 hours. Your child will receive 9 hours of direct therapy during this summer program. Your tuition for the program is 990, regardless of any missed sessions. Also, please note that your application will not be accepted without all requested portions of the application.

Thank you for considering Think Social East Bay to help boost your child's social skills!

Shelly Hansen M.S., CCC, SLP
Think Social East Bay
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