Application Packet- Grades K-12

(Please make sure all forms are completed and signed prior to submission and include this checklist with your application packet).

Enrollment process: **Application Deadline: OPEN**

Fill out and return the following forms:

- Application Form
- New Client Information
- Clinic Policies and Procedures
- Teacher questionnaire
- Exchange of Information
- Video and Audio Permission
- Outing permission
- IEP/Report(s)/Outside Assessments (if available). Any other information which will give us a better understanding of your child and his/her strengths and challenges.
- A brief letter from you describing your child's areas of concern at this time.
- Please include a recent picture of your child

For Returning Clients:
Please note that although you may have completed this information in the past, the forms above need to be completed each semester with the exception of IEP's and outside assessments. We will only need IEP's and outside assessments if they have been updated since you last submitted them. Thank you for your help in keeping our records up to date as well as helping us to place you or your student in the most appropriate group.

- Records will be reviewed for each student who applies for the program to best understand how to accommodate your child's needs and to find a good group placement.
- Students are placed in groups with peers who are matched for cognitive, behavioral and social needs.
- A recent picture of your child (I keep this in our files to help remember your child if I don't see him/her on a regular basis).
- Once forms are received, Think Social East Bay will contact you to schedule an informal "meet and greet" at the clinic. This is a 15-20 minute meeting for therapist and student to "interview" each other. This is a great way to reduce anxiety for parents and students as well as provide your therapist with good information.

Think Social East Bay
3756 Grand Ave, suite 401
Oakland, CA 94610

Application Form K-12

Please mail to: Think Social East Bay, 3756 Grand Ave, Suite 401, Oakland CA, 94605

Returning Client (please circle) Y N

Information about scheduling:

• After school sessions will be scheduled at 3:15, 4:30 and 5:45 Monday through Friday.

• If your student is available before 3:15 (e.g., homeschooled students) please write your availability on the schedule as shown in the example below.

• PLEASE USE THE FOLLOWING SYSTEM TO FILL IN EVERY SQUARE ON THE SCHEDULE. Write an "0" if your child can absolutely NOT attend during that time. Write "1" in each square for your preferred times and write "2" for other possible times.

• It is important to be as precise as possible, this part of scheduling is complicated and we rely on the information you provide us. We will make every attempt to meet your needs. If your schedule changes and you are not available during the time you originally marked, we may not be able to find another group placement for your student after he/she has been placed in a social thinking session.

• If your student is not initially placed in a social thinking session he/she will be placed on the waiting list and you will contact when an opening occurs: we are, generally, able to place the majority of applicants in groups, if we receive the applications by the deadline.

Example Schedule: O's indicate a time a student CANNOT COME

	Mon	Tue	Wed	Thu	Fri
If available before 3:15 write time available	After 10:30	After 1:00	After 1:00	After 2:00	Any time
3:15	0	2	1		
4:30	1	2	1		
5:45	0	1	1		

______ Age

______ Birth Date

______ Gender

______ Grade Level

Child's Name ______________________ Address ______________________

Parent's Name ______________________ City, State, Zip ______________________

Home Telephone ______________________ Email Address ______________________

Mobile Telephone ______________________ Email Address ______________________

	Mon	Tue	Wed	Thu	Fri
If available before 3:15 write time available					
3:15					
4:30					
5:45					

Please check all the therapy choices you want us to consider for your child:

___ Social Thinking group (3-4 students)

___ Social Thinking/Behavior group (2 students only)

___ Individual session during school hours

___ Individual session after school hours (limited to therapist availability)

New Client Information

Date: ____________________

Client's Name: ____________________ Birth date: __________ Grade: __________

Parent #1 Name: ____________________ Parent #2 Name: ____________________

Address: ____________________ Address: ____________________

City/State/Zip Code: ____________________ City/State/Zip Code: ____________________

Primary Address? Y/N: ____________________ Primary Address? Y/N: ____________________

Home Phone: ____________________ Home Phone: ____________________

Cell Phone: ____________________ Cell Phone: ____________________

Work Phone: ____________________ Work Phone: ____________________

Email: ____________________ Email: ____________________

Occupation: ____________________ Occupation: ____________________

Siblings & Ages: ____________________ ____________________

School Name and District/City: ____________________

Current Services: OT____Speech____Resource____1:1 Aide____ SDC Class____ Other____

Diagnostic Label: ____________________

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 behaviors that describe your child. Please check all that apply.

__Motivated
__Anxious
__Externally distracted
__Impulsive
__Oppositional
__Aloof/internally distracted
__Rigid (my way or the highway attitude)
__Physically aggressive
__Verbally aggressive to peers or adults (describe)
__Withdrawn (may hide or emotionally shut down when upset)

Please rate your child on a 1-5 scale (5= great performance)

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

Please write a brief letter describing your student.

Including information about the following areas helps us obtain a clear picture of your student, which will increase our ability to find an appropriate placement. 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 student'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 mail along with your application and the following items:

- A copy of the latest IEP or school evaluations (if applicable)
- Any outside therapy reports (OT, PT or SLP)
- Any diagnostic reports or updates
- A recent picture of your child (We keep this in the file to help remember your child if we don't see him/her on a regular basis).
- A brief letter from you describing your child's strengths, weaknesses and the area you believe is of most concern at this time.
- Completed Think Social East Bay forms:
  Application , New Client information form, Video Permission, Teacher's Form, Exchange of information

Clinic Policies
Very Important, Please Read and Initial

I agree to follow the fee schedule and policies for ______________________________________as noted:

Therapy sessions: $140 per 60-minute session for 3 or more students, $155 for 1-2 students, $165.00 for individual session.

Additional consultation: $155.00 per hour for consultation with parents, report writing, IEP attendance (travel time is billed as well), phone calls exceeding 10 minutes with a therapist.

Please initial each section

______ **Absences and Missed Session:**

Each clinic participant is allowed 2 cancellations over the course of the school year without being billed for those cancellations, if your child started therapy with us in the Fall. If your child started therapy with us after January 31st the child is allowed 1 cancellation. Cancellations may be due to illness, schedule conflicts, vacations, etc. Beyond these 2 cancellations, you will be billed for missed sessions. If cancellations persist, you will be asked to give up your spot in the clinic. I understand that notification of temporary absence from therapy for illness, vacation, etc., must be given 24 hours in advance if possible and not later than 7:30 am on the morning of the scheduled appointment.

The clinic closes during the 2 days of Thanksgiving, the 2 weeks of the winter holiday (December-Jan), and we are closed for the following holidays: Labor Day, President's Day and Memorial Day. We are open for Veteran's day and Martin Luther King Day. We run the weekly sessions until school closes again in June. If you find you cannot continue at the clinic for any reason, we require a two week notification of withdrawal to allow our staff to fill that slot.

______ **Policy for most of the group being absent one week**

When the therapists work in the group, they observe small details that they wish they had time to cover more intimately. When all the other clients in the group are absent, we will see you individually, at the same price as if it was a group session. This is an excellent time for giving some direct feedback and encouragement.

______ **Sibling Waiting Room Policy**

Parents of children younger than 13 years old should stay in or very near the clinic during the session. If on any particular day if you feel your child is agitated or becomes easily agitated, please do NOT leave the clinic.

If you are bringing a sibling to the clinic, please bring some books or small toys for the sibling to play with. We have a small selection of books available as well as a table where siblings can do homework, etc. We expect siblings to maintain a reasonable level of calm and quiet during their time waiting. If they need to move around please walk them down the block, however, make sure we have your cell phone number in case we need to call you.

______ **Late Parent Policy**

In the event that a child is not picked up at the end of the session, we reserve the right to charge a $100.00 fee for any part of each half-hour that they are left waiting (e.g. 40 minutes late, $200). We realize this seems severe, but as you know, many of these children do not deal well with stress and/or transition. We have experienced the extreme and violent reactions of students whose parents were late, resulting in an inability for the therapist to get her next group started on time. We have adopted this policy in order to keep our clinical schedule running smoothly and allow our staff to devote their time to their students.

______ **Observation of sessions**

Parent observation is very limited to nonexistent for our groups. Our facility was not built specifically to accommodate observations while maintaining patient privacy for other groups that may be running in close proximity to the observation areas. Any observation, if allowed is completely at the discretion of the clinic and must be arranged prior to session date.

______ **Policy for processing insurance claims or other administrative tasks**

We are a "private pay" clinic, meaning that all of our services must be paid for by the guardians of the client, or the adult client themselves. We do not accept 3rd party reimbursements.

______ **Policy for billing**

Billing statements/invoices are issued at the end of each month for weekly therapy sessions.

Please sign below and bring these pages to the clinic on the first day of your session. Copies of these policies will be available for you to take for your reference.

Parent Signature ____ Date ___________________________

Print Name ____

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Parents please have as many educators fill this out as possible!

Date: ______________

Dear Professional,

This student: ________________________________ is being considered for placement at our clinic. It will be of great benefit to have you complete the information below regarding this student based on your own experience.

Please return this form to the person who gave it to you or fax it to our office at the number below by.

Your name ____ Grade of student ________________

Your relationship to the student ____

Please check off where you feel how this person does in your setting in the following areas:

Skill to explore	Comments	Above grade level	At grade level	Below grade level	Not observed
Math					
Reading decoding					
Reading comprehension					
Written expression					
Participating as part of a large group during class discussion/ lecture					
Participating as part of a small work group in class					
Ability to ask for help in class					
Making and keeping friends during less structured times					
Organizational skills while in class					
Organizational skills from home to school and back again					
Does this child stand out as unique in his interpersonal skills, either in class or out of class?					
Do you anticipate that this student will encounter more challenges in future school years?					
How would this student's peers describe him/her?					

Any further comments (please use back if you need more room)?

Thank You!!!

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Permission Forms

PERMISSION TO GO OUT INTO THE COMMUNITY

I give permission for my child, ___________________________________ to walk in the community and/or use public transportation as needed during therapy sessions with a therapist employed by Think Social East Bay.

PERMISSION TO USE VIDEO OR PICTURED IMAGE & AUDIO

This form must be signed in order for you to participate in the program.

The use of video, picture image and audio recording are an essential component of therapy. For this reason, we ask that this form be signed in order for your child to participate in our program. These recordings will be used for teaching purposes only and will not be used outside of the group without your written consent.

I give my permission for Think Social East Bay to use the video, picture or audio recoding of my child for therapeutic purposes:

Parent Signature ____ Date__________________________

Printed Name ____

Cell Phone ____

Home Phone ____

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Exchange of Information

Child's Name ______________________________

Parent's Name ______________________________

Address ______________________________

City, State, Zip Code ______________________________

Cell Phone ______________________________

Home phone ______________________________

I give permission to Think Social East Bay to share information with the following people regarding the educational or medical treatment for my child.

Professional's Name	Title	Telephone number	Email Address

Parent Signature ______________________________ Date ______________

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