# SUMMER 2024 REGISTRATION FORM

***6 Week Program (June 17th-July 26th)***

## CONTACT INFORMATION

Student Name: _____ Age: _____ DOB _____

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

Address: _____

City/State: _____ Zip Code: _____

Email: _____

Indicate your child's Grade in Sept. 2020 _____ 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 |

**Description:** Social Learning program focusing on thinking of others, compromise, negotiating, brainstorming, and flexibility. Your child will meet with a group of his/her peers to learn all of the above concepts. We meet once a week for 1.5 hours. This is a six- week program. Your child can attend after camp as our students very much enjoy coming to their "social group"

## PAYMENT INFORMATION

It is understood that tuition for the summer program is $1,350 regardless of missed sessions.

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?

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Describe your child's strengths:

## BEHAVIORS

*Please check ALL behaviors that describe your child.*

___Motivated
___Externally distracted
___Oppositional
___Impulsive
___Anxious
___Aloof/internally distracted
___Physically aggressive
___Rigid (my way or the highway attitude)
___Verbally aggressive to peers or adults (describe)

## QUESTIONNAIRE

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

___Paying attention to others
___Asking questions about others
___Understanding the feelings of others
___Showing empathy
___Listening
___Doing homework
___Turning in homework
___Keeping backpack organized
___Keeping school desk organized
___Taking responsibility for self
___Understanding consequences
___Doing chores
___Understanding what people mean by what they say
___Understanding personal space
___Participating in a group
___Accurately identifying facial expressions
___Accurately identifying body language
___Greeting others
___Participating in a conversation
___Quantity of information provided
___Adding relevant comments to a conversation
___Apologizing
___Asking for help
___Personal problem solving
___Compromising and/or negotiating

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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 1,350. 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
thinksocialeastbay@att.net