

**Creative Connections Foundation & TACA Hawaii
2014 Summer Adolescent Social Skills Group Registration**

Participant's Name:		DOB:	Age:	Grade:
Name(s) of Parent(s)/Caregiver(s):				
Address:		City:	State:	Zip:
Phone 1: ()	Phone 2: ()	Email:		
Diagnosis:			Diagnosis date:	
Where /Who diagnosed:		Proof of diagnosis**:		
** Please provide copy of evaluation, current IEP or letter from treating physician that documents current High Functioning Autism Spectrum Disorder (ASD) diagnosis of Aspergers Disorder.				
Please complete the following information in the event that an emergency arises and we must contact you. Include information about how to reach you or another designated person during your child's group.				
Emergency Contact Name	Relationship	Phone Number(s)		
Emergency Medical Information				
Name of Physician:				
City:		Phone:		
Please check all items that apply to child's present health. Thoroughly explain any checked answers.				
Allergies (list below): <input type="checkbox"/> No known allergies				
<input type="checkbox"/> Food (include any dietary restrictions):				
<input type="checkbox"/> Insects/Plants:				
<input type="checkbox"/> Medicine Allergies:				
Medication my child is taking:				
<i>In case of emergency, I understand that every effort will be made to contact me and the contact people listed above. However, I understand that staff will use a standard 911 protocol to ensure the safety of my child.</i>				
Printed name:				
Signature of parent/guardian:			Date:	

Social Skills Program PARTICIPANT PROFILE

Participant Name:

Please complete the following sections and provide as much detail as possible. This information will help us create a successful group experience for your child. Please indicate your child's abilities in each of the following areas:

Child's Likes: top 4 (favorite movies, characters, foods, games, music...etc)	Child's Dislikes: top 4 (sounds, smells, touch, movement, foods etc...)

Stress Response: How does your child usually indicate he/she is becoming anxious or stressed?

Please check all that apply and add details as needed

- | | |
|--|--|
| <input type="checkbox"/> Ask inappropriate questions/Makes inappropriate comments
<input type="checkbox"/> Leaves room/chair
<input type="checkbox"/> Becomes off task
<input type="checkbox"/> Meltdown
<input type="checkbox"/> Becomes Silly
<input type="checkbox"/> Noises/humming increases
<input type="checkbox"/> Cries/Tearful
<input type="checkbox"/> Voice tone/volume changes | <input type="checkbox"/> Elopes (runs away)
<input type="checkbox"/> Touches others inappropriately
<input type="checkbox"/> Scratches, bites or hits self
<input type="checkbox"/> Scratches, bites or hits others
<input type="checkbox"/> Screams
<input type="checkbox"/> Shuts down
<input type="checkbox"/> Other: _____ |
|--|--|

What is helpful in calming these actions?

EMOTIONAL DEVELOPMENT (if YES, list how and what works best to accomplish task)

Does your child:	Yes/No	Comments
Request a break when upset?		
Express feelings?		
Request assistance?		
Indicate likes/dislikes?		
Express confusion ("I don't know")		

SOCIAL DEVELOPMENT		
Does your child:	Yes/No	Comments
Participates in group sports?		
Belong to any group organizations?		
Have good friends?		
Please list social skills challenges:		
COMMUNICATION- What is your child's preferred means of communication?		
Does your child:	Yes/No	Comments
Follow verbal directions within new activities?		
Utilize visual supports to follow directions? If yes what		
Require processing time to follow directions?		
Make requests for basic wants and needs?		
Comment on environment or the unexpected events (oops!)?		
Converse with peers/adults		
ORGANIZATION & TRANSITION		
Does your child:	Yes/No	Comments
Make transitions?		
Recognize personal belongings?		
Organize needed materials For outings?		
Make choices independently?		
Follow safety commands (stop)		
COMMUNITY SKILLS		
Does your child go to:	Yes/No	Any challenges in these environments?
Grocery Store		
Fast Food Restaurant		
Sit Down Restaurant		
Movies		

Rate participant's behaviors from 1-5 (1-never;2-almost never;3-sometimes;4-almost always; 5-always)			
	Home	School/Community	Comments
Listens to others			
Have triggers/anxiety/fear			
Demonstrates Problem solving			
Able to read cues/directions			
Accepts responsibility for actions			
Understands others' feelings			
Stays on topic			
Group participation			
Understands humor			
Uses facial expressions			
Asks for assistance when needed			
Regulates own behaviors/emotions			
Comprehends rules/expectations			
Converses with unfamiliar adults			
Argues with authority figures			
<i>Please consider your child's strengths and weakness; identify 2-3 SOCIAL GOALS that are most relevant to you as a parent (and/or taken from their IEP), which you would like our staff to encourage your child to develop.</i>			

Please share any other information about your adolescent's social abilities and challenges or other information you feel is important for us to consider:

**Social Skills Group
AGREEMENT FOR ATTENDANCE AND PAYMENT**

Participant's Name:	DOB:
Cancellations: Our programs rely heavily on planning for your child's participation. Attendance is crucial to sustain program existence. Considering the voluntary and free nature of this social skills program it is essential that your child attend all sessions so that maximum benefit can be attained and future programs of this nature can be justified. If you must cancel due to illness, please notify us within 24 hours of your scheduled group. After the second absence, program participation will be reviewed and may result in loss of placement for that session.	
Registration: Parents/caregivers must submit a completed application form in order to be considered for this social skills program. Space is limited to 10 children and additional interested families will be placed on a waiting list for future programs. Program strives to pair children of similar interests and skill level in order to ensure that planned curriculum is suitable to all participants.	
Grouping: Groups are formed based on the applicants' ages and ability levels. You will be contacted about your child's placement in group. Because the goal is to learn new skills, groups take into consideration children's age, ability, and specific environment in which the child will have the most success.	
<i>I understand the above policies and procedures and agree to comply and fully participate in this voluntary and free program for its entire duration.</i>	
Signature of Parent/Guardian:	Date:
Printed name of Parent/Guardian:	

**Social Skills Group
PERMISSION TO PHOTOGRAPH**

Thank you for your interest in the Social Skills Group. We are always striving to provide the best in innovative and meaningful programs designed for children with autism spectrum disorders, and to provide the highest quality support and education for parents and professionals.	
To ensure a productive and enjoyable experience for both students and educators, we are adopting an OPEN PICTURES POLICY. Children attending groups and camp may have their pictures taken throughout the day. In addition to using photos and videos for training purposes, please be advised that photos may be used for program development and marketing purposes, including but not limited to newspaper articles, television promotion, brochures, and other Social Skills Group advertising vehicles.	
Thank you for your cooperation with this policy and willingness to share your child's experiences. You must sign this form for group participation.	
Signature of Parent/Guardian:	Date:
Printed name of Parent/Guardian:	