

Social Strides

Registration Packet for Adult Social Therapies

Welcome!

Adult sessions will provide opportunities to explore concepts and develop tools to address various areas of social thinking. Some of these might be:

- *perspective taking
- *personal problem-solving
- *self-advocacy
- *related social anxiety
- *organizational skills
- *social communication and advanced social relationship skills for use in the work setting, home, college campus and community.

Many adults are seen in individual sessions to explore their very specific individual needs. We also provide social thinking group treatment IF we find clients that are a good match for one another. Individuals are not grouped simply on the basis of diagnostic label, age group or scheduling availability. A meet and greet appointment is key to determining appropriate placement and group matches.

If you have previous treatment or diagnostic reports available, please attach a copy as well as a written letter from you or a trusted friend or family member. This will help us better understand why you are seeking treatment. Treatment is individualized to foster social learning and development. Regular attendance for private or group sessions is key.

To apply for services please return the completed documents prior to or during the intake evaluation (meet and greet). Please know that while our initial meeting and completion of the registration forms do not guarantee placement in our program at a specific time, this information helps us to determine the best possible course of treatment and group fit for each individual.

Costs: 1 hour group session - \$95/hour 1 hour individual session - \$145/hour
1 hour dyad session - \$105/hour

If you should have any questions about our services, feel free to call 650.533.8533. Thank you for selecting Social Strides. We look forward to seeing you!

Best regards,
Diane Levinthal MA, CCC-SLP, Director

social Strides

Speech, Language and Social Skills Services

REGISTRATION PACKET

Last: _____ First: _____

Date of Birth: _____ Gender: M / F

Street Address _____

City: _____ Zip Code _____

Home/Evening Phone: _____ Day/Work Phone _____

Cell _____ Email _____

Occupation: _____

Emergency Contact: _____

MY MOTIVATION FOR SEEKING TREATMENT:

- Help holding/getting a job Organizational skills
- Social networking / developing social relationships in the community and/or work.
- Learning coping and Social Thinking and/or related social skills for use on a college campus
- Specific vocational and life skills training for help with increasing independence at home, work and community.
- Other: _____

GROUP AND/OR INDIVIDUAL REQUEST:

- I am interested in group sessions I am interested in individual sessions Both

How did you learn about Social Strides Speech/Language?

BILLING INFORMATION**If billing address is different than the above address**

I am responsible for my own charges. Please mail invoices to the address above.

Please mail invoices to the person listed below:

Name: _____ Relationship: _____

Address: _____ City: _____ zipcode: _____

Daytime Phone: _____ Mobile phone: _____

Email address: _____

INFORMATION:

I am currently employed full-time part-time

Company: _____

Located in: _____

Hours I work: _____

Please describe any current concerns you have regarding your
employment: _____

I am currently attending school: full-time part-time at:

General class schedule:

Major: _____

Highest level of education completed: high school junior college
college/university trade

Degree(s): _____

Please describe any concerns you have regarding your schooling: _____

Is there someone at school that we may contact?

contact name contact telephone

title of contact person email address

- I am living independently (in my own home/apt.)
I have a roommate(s) and share expenses
I am married. Number of years? I have children I am divorced
I am living in my parents' home
I have other living arrangements
I get financial assistance for my expenses
I am responsible for my own expenses

I have been diagnosed (please include the name of the person you gave you the diagnosis and the date you received it) _____

Current medications: _____

Please describe why you are seeking assistance from our clinic: _____

Have you received speech/language or social skills help in the past? Yes/No
If so, where and for how long? _____

RELEASE OF INFORMATION

Name/Birth date: _____

I authorize disclosure, use, release and/or exchange of pertinent educational, medical/audiological, and/or psychological records (as specified below) that may include individually identifiable health information between Diane Levithal MA, CCC-SLP/Social Strides and the following people:

- parents names phone email

professional

name	phone	email
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professional

name	phone	email
------	-------	-------

signature

date

POLICY STATEMENT

How therapy groups are organized:

- During the school year, social groups will begin in mid September and run through mid June. Summer program runs late June through mid August.
- Social Groups are carefully arranged according to student match regarding social, cognitive and behavioral ability and fill up quickly. Size is limited to 2-4 students. These after school sessions are 60 minutes in length. The first 45 minutes are for direct instruction with students and the final 10-15 minutes are spent in family/caregiver consult. Carry-over assignments and activities are offered during the consultation time and are an important link to improving social competence in every day situations.
- Make-up sessions are available on a limited basis - please check with your therapist.
- Continuing students do not need to repeat an intake assessment.
- Individual sessions for speech/language therapy are scheduled on a month by month basis, usually once per week for 60 minutes.

Thank you for understanding that scheduling well-matched groups across schedules and cities is extremely challenging. The integrity of each group is dependent on information provided about day and time availability prior to participation in group and then each student's presence for the others throughout a semester once a group has begun.

Drop outs for seasonal sports or other commitments result in an unsatisfactory experience for all the participants. Individuals are expected to make every effort to attend all semester sessions. This is particularly true for those seen in small groups of two students!
Again ~ thank you in advance for consideration of these factors.

Fees and Policies:

- For a detailed description of our therapeutic and diagnostic rates, please email info@socialstrides.com.
- Invoices are sent via email during the first week of the month for the preceding month's therapy sessions.
- Charges apply to all missed sessions.
- If a student should need to discontinue enrollment, two weeks notice is required.
- Students needing to "take a break" for several weeks during a semester are subject to a fee of no less than 50% for all sessions missed unless and until another student is brought in to fill that vacant space for the remainder of the semester.
- Balances remaining overdue in excess of six weeks are subject to a late fee.
- Parents and agencies wishing to contract for consultative and/or collaborative work in the areas of occupational therapy, behavioral intervention or other related services will be given referrals and the fee schedule of the individual provider(s). Social Strides does contract with school districts and will work collaboratively with

ABA agencies to develop and monitor social and language programming implemented by behavioral teams.

- Workshop fees for regular education classmates are determined on a case by case basis and depend on the number of students/classes to be included and the overall number of visits arranged to the school site.
- Strides is an out of network provider and families are expected to keep their balance current independent of seeking insurance reimbursement. As a convenience to families, medical insurance codes may be provided on invoices for students holding a medical diagnosis.

Please sign and date below that you agree to the above policies ~ Thank you

X_____X_____

Signature date

MEDIA PERMISSION

It is helpful to take pictures and film of students as they interact during therapy for assessment purposes and self-monitoring opportunities as part of social language/skills work.

I agree to appear in direct/background footage to be replayed and used as part therapy (video playback monitoring), staff training/family consult or student evaluation.

I understand that photos and film will not be shared with student groups other than the one in which my child participates or used for any other purposes than those listed above.

signature

date

AVAILABILITY: Therapy sessions typically are one hour, one time weekly. Please indicate time and days by circling when you are available to come for 1 hr sessions*:

11am	Monday	Tuesday	Wednesday	Thursday	Friday
12noon	Monday	Tuesday	Wednesday	Thursday	Friday
1pm	Monday	Tuesday	Wednesday	Thursday	Friday
2pm	Monday	Tuesday	Wednesday	Thursday	Friday
3pm	Monday	Tuesday	Wednesday	Thursday	Friday
4pm	Monday	Tuesday	Wednesday	Thursday	Friday
5pm	Monday	Tuesday	Wednesday	Thursday	Friday
6pm	Monday	Tuesday	Wednesday	Thursday	Friday

*weekend appointments by special arrangement depending on therapist availability