



Comprehensive Registration Packet Speech, Language & Social Skills Therapy

Welcome to Social Strides!

Enclosed are the necessary registration forms and questionnaire. We ask that you return the completed documents prior to or during the intake evaluation (meet and greet). Please remember 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 your child.

We are an "out of network" provider. You will be invoiced for the month at the end of each month and will receive a receipt for all payments. Two excused absences are allowed per semester and we ask for 24 hours advance notice in the event of a cancellation. If you have questions about the procedures or amount of fees your insurance or school district will cover, please contact them directly.

Please send us a copy of the most current (2 years or later) diagnostic information to include the following (*if available*):

- psycho-educational results
- speech/language/social skills testing and/or therapy summaries
- current I.E.P.
- O.T. or behavioral summaries, evaluations/reports
- psychiatric/neuro-psychiatric evaluations

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

Best regards,
Diane Levinthal, Director

Social Strides

Speech, Language and Social Skills Services

REGISTRATION PACKET

STUDENT INFORMATION

Last: _____ First: _____

Date of Birth: _____ Gender: M/F Grade: _____

Street Address _____

City: _____ Zip Cod _____

Mother: Last: _____ First: _____

Home Phone: _____ Work Phone _____

Cell _____ Email _____

Father: Last: _____ First: _____

Home Phone: _____ Work Phone _____

Cell _____ Email _____

Who referred you to Social Strides Speech/Language?

BILLING INFORMATION

If billing address is different than the above address

Last: _____ First _____ D.O.B. _____

Home Phone: _____ Work Phone _____ Cell _____

Email _____

FAMILY/MEDICAL INFORMATION:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Marital Status: (circle one) Married Single Divorced Separated

Siblings:

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: : _____ Gender: _____

Please describe your concerns regarding your child's speech, language and social skills development:

Does your child have a formal diagnosis? _____

Who made the diagnosis and where? _____

Are there any concomitant diagnoses such as ADHD? _____

Is your child taking medication? _____

Is s/he on any special diet/experiencing allergies to specific foods or substances?

Is s/he aware of his/her diagnosis? Yes/No Explain:

Are your child's siblings aware of the diagnosis, and if so, in what detail?

Has your child's hearing been tested? Yes/No If yes, where and when?

What were the results? _____

Any accidents, injuries or hospitalizations?

BACKGROUND INFORMATION:

How would you describe your child's communication strengths? Other strengths?

Has your child ever received speech/language or social skills help? Yes/No
If so, where and for how long?

In what ways have you tried to help your child with communication?

Family history of speech/language/social difficulties? Yes/No Please describe:

SOCIAL THINKING/BEHAVIOR:

Does your child have any difficulty playing with peers and so, please describe:

What are your child's favorite games/activities?

How much does your child enjoy watching TV, playing video games, or using the computer?

How long does your child stay at one activity?

How would you describe your child's behavior in conversation? (one-sided?, non-responsive?, does/doesn't ask questions about others?, better with some people rather than others?) _____

How does your child respond to changes in routine, or in changes for the plan for that day?

Other behaviors you are concerned about?

Please describe how your child demonstrates emotion and give examples of the context (e.g., is s/he able to calm his/herself? Can he express frustration without anger? Does he get physical when agitated? Does he tend to stay in an emotional state for any length of time? Is s/he able to be calmed by others – how?, what is your child's general mood at home/school?, etc. Can s/he problem solve and negotiate situations with peers/siblings?

What sorts of rewards and consequences have worked for your child at home/school? What motivates your child? Special interests?

What sorts of rewards and consequences (or interactions) have NOT worked well for your child at home/school?

EDUCATION:

School name: _____ Teacher's Name: _____

Address: _____ Grade/Placement _____

Number of hours per day in school/daycare program? _____

Does your child like school/daycare? Yes/No

Are there any subjects that are difficult for your child? Yes/No

If so, please describe:

Where does s/he excel or which subjects are enjoyed? _____

Does your child receive special services at school? Yes/No

Please describe what services and how often:

Please list other types of therapy and services your child has received in the past (e.g., ABA, speech, OT, PT, social skills groups, floor-time, RDI, etc...)

If your child attends public school, does s/he currently have a PBP? (Positive Behavior Plan)? _____

Thank you for taking the time to fill this out so that we can better meet you and your child's needs.

Signature of parent/guardian

Date

Social Strides

Speech, Language and Social Skills Therapy

RELEASE OF INFORMATION

Child's 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

This Authorization applies to the following information (select one of the following):

All pertinent educational, medical/audiological, and/or psychological record pertaining to by child's speech, language and social functioning.

Only the following records or types of educational information (including dates):

This Authorization will be valid for one year from the date of signature and parent or guardian has the right to revoke this Authorization at any time. Revocation must be in writing, signed and delivered to this address above.

Please check this box if the agencies listed above have your consent to share information with Social Strides.

Signature _____ **Date** _____
parent/guardian

social Strides

Speech, Language and Social Skills Therapy

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 give my permission to have my child appear in direct/background footage to be replayed and used as part of the students' therapy (video playback monitoring), staff training/parent 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.

I do not give my permission to have my child appear in direct/background footage taken at Social Strides and that this may affect group availability for my child.

Student's Name

Parent/Guardian Signature

Date

