



## 2018 ESSENTIAL SOCIAL SKILLS GROUP

Child's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ age: \_\_\_\_\_  
Parent's Names: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_

**Please be as specific as you can when providing us with information.**

Primary Diagnosis of your child:

List 3 to 4 social skills that you want your child to work on this summer:

What therapy services does your child receive?

Please briefly describe your child's level of functioning, and his or her strengths.

- Social Skills (what are your concerns):

- Speech and Language Skills

- Fine and Gross Motor Skills

- Behavior

Are there any behavior and/or emotional challenges which impact learning? Yes or No  
If yes, please describe. What triggers these challenges and what behavior strategies work best for your child?

Other Information

We want to make this a positive experience for your child, does he/she have special interests? What motivates him/her?

What else would you like us to know about your child?

What is your child's T-Shirt size? \_\_\_\_\_

Parent Signature: \_\_\_\_\_