



FORMING FRIENDSHIPS SUMMER 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 would like your child to work on:

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**

Are there any behavioral and/or emotional conditions which impact social interaction? Yes or NO If yes, please describe. What triggers these conditions and what behavior strategies work best for your child?

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?

Parent Signature: _____

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